



DEL REY OAKS POLICE DEPARTMENT

650 CANYON DEL REY ROAD - DEL REY OAKS, CA 93940
PHONE: (831)-394-9333 FAX: (831)-393-1596



Request to release police Report

♦♦♦This form is to be utilized by victims of a crime or persons with a property interest in a vehicle accident♦♦♦

INCIDENT / ACCIDENT INFORMATION				
CASE REPORT NUMBER: (if known)	DATE:	TIME:	INCIDENT TYPE: (Theft, burglary, vandalism, etc.)	
LOCATION:		CROSS STREET:		
REQUESTOR TYPE				
INSURANCE COMPANY:				
INSURANCE CO.:		PHONE NUMBER:	CLAIM NUMBER:	
VICTIM:				
LAST NAME:		FIRST NAME:		
ADDRESS:		CITY:	STATE:	ZIP CODE:
PHONE NUMBER: (include area code)		EMAIL ADDRESS:		
ATTORNEY:				
CLIENT FIRST NAME:		CLIENT LAST NAME:		
ATTORNEY FIRST NAME	ATTORNEY LAST NAME		CALIFORNIA BAR NO.:	
OK FOR ATTORNEYS ONLY: By clicking "ok," I declare under penalty of perjury under the laws of the state of California, that I represent a listed person and all other information contained herein is correct and true. (VC 20012)				
REPORT TYPE REQUESTED				
INCIDENT		ACCIDENT		
PARTY TYPE: Victim		PARTY TYPE: (Per VC 20012) Driver Guardian of Driver Conservator of Driver Parent of minor driver Injured person Vehicle owner Owner of Damaged property Person that may incur civil liability Attorney representing a client Other:		
<ul style="list-style-type: none">• Additional information may be required to complete your request.• A copy of your Driver's License or Passport must be provided with your request.• We will respond as to whether records will be disclosed no later than ten calendar days from the first calendar day after receipt of the request.				
Submit your completed application in person or by e-mailing it to cbourquin@delreyoaks.org				
SIGNATURE:			DATE:	
OFFICE ONLY				
IDENTIFICATION:	PASSPORT NO.:	DRIVER'S LICENSE / ID NO.:	OTHER:	
APPROVAL	YES NO	NAME	SIGNATURE	DATE: