

REQUEST FOR RELEASE OF INFORMATION

ANTIOCH POLICE DEPARTMENT
300 L Street, Antioch, CA 94509
(925) 779-6900



Name: _____ Primary Phone: () _____

Address: _____ Secondary Phone: () _____

City/State/ZIP: _____ Pick up Mail

I understand that the filing of this request does not in any manner obligate the Chief of Police or any employee of the Antioch Police Department to produce such information, nor does it imply in any manner that such information must or will be furnished. The Antioch Police Department releases information in accordance with the California Public Records Act.

Signature: _____ Date: _____

POLICE REPORT COPY REQUEST

Type of Report: Crime Traffic Event Calls for Service (Location & Date Range Required) Animal Services Report

Report Number(s): _____

Location: _____ Date/Date Range: _____

Involved Parties: _____

Your Involvement:

- Circle one: Victim, Driver, Pedestrian, Passenger, or Property/Vehicle Owner
- Involving Juvenile** (Additional form required. Please request.)
- Insurance Company representing an Involved Party (List insured name on Involved Parties line above)
- Attorney representing an Involved Party (Client Authorization required. Please attach.)
- Other Reason (specify): _____

DEPARTMENT USE ONLY

Request taken by: _____ Date: _____ Receipt No: _____

Approved by: _____ Date: _____ Pages released: _____ Amount Due: _____

Notified by: _____ Date: _____

Denied: _____ Date: _____

Reason: _____

Additional comments / notes:

