



City of Palo Alto Police Department
 Technical Services Division/Records Unit
 275 Forest Avenue, Palo Alto, CA 94301
 Phone/650.329.2406 Fax/650.326.8819

Application for Release of Information - Records Disclosure Form

Completion of this form is voluntary but will help us assist an individual in making a focused and effective request that reasonably describes an identifiable record. (GC 6253.1) A copy will be provided to you when Disclosure process is completed as prescribed in GC 6255(a) & 6255(b).

Date: _____ Report or Incident Number: _____

Applicant: _____ **Requested For:** (Person You Represent) _____
 Name _____ Name: _____
 Address _____ Address _____
 Phone _____ Phone _____

Requests for information are ready for pickup within 10 working days of request unless some conflict exists. See below:

IF CASE NUMBER IS UNKNOWN, PLEASE PROVIDE THE FOLLOWING:

Approximate Date and Time of Incident _____
 Location of Incident _____

- PARTY OF INTEREST:**
- | | |
|---|---|
| <input type="checkbox"/> Revenue Collections for Billing | <input type="checkbox"/> Supervisor of City of Palo Alto Employee |
| <input type="checkbox"/> VICTIM/DRIVER/PASSENGER/PEDESTRIAN | <input type="checkbox"/> ATTORNEY/AUTHORIZED AGENT |
| <input type="checkbox"/> PROPERTY/VEHICLE OWNER | <input type="checkbox"/> INSURANCE COMPANY |
| <input type="checkbox"/> PARENT/GUARDIAN OF INVOLVED JUVENILE | <input type="checkbox"/> Law Enforcement Agency/Court/ DMV/ DA |
| <input type="checkbox"/> OTHER (Specify) _____ | <input type="checkbox"/> CITY ATTORNEY <input type="checkbox"/> VICTIM ASSISTANCE |

DOCUMENT REQUESTED: SERVICE TYPE: (Circle one) ACCIDENT / NON OR CRIMINAL CASE / ARREST REPORT

POLICE REPORT PHOTO REQUEST NO REPORT/CAD INCIDENT-CFS SHEET

Below Line Office Use Only CERTIFIED COPY OF ARREST REPORT FOR IMMIGRATION ONLY

REQUEST MADE/RECEIVED:

IN PERSON/Verbal PHONE FAX E-MAIL VIA US MAIL Web Downloaded Form Received

DATE RECEIVED BY RECORDS: _____ **PRS PROCESSING REQUEST:** _____

DATE READY FOR RELEASE: _____ **RELEASE PENDING (specify)** _____

- APPROVED - COMPLETE COPY RELEASED APPROVED – REDACTED COPY RELEASED
- REQUEST DENIED OR PROHIBITED BY LAW:**
- NO RECORD OF REPORT CASE UNDER INVESTIGATION RELEASE PROHIBITED (GC 6254(f))
- ELDER/DEPENDANT ADULT ABUSE REPORT (WI 15633) SUSPECTED/CHILD ABUSE REPORT (PC 11167.5)
- ARREST REPORT – Arrestee must obtain through the DA’s office or Criminal Court Clerks Office (GC 6254(f)(2))
- Records sought require Subpoena Duces Tecum JUVENILE Record – Need signed TNG Order Form (WI 827)
- Info redacted in compliance of: PC293 / PC964 / PC 13300 / PC11105 / PC 851.5 / GC 6254(f), (f)(1), (f)(2) / SSN
- OTHER _____

Manager’s Approval/Denial of Records Disclosure (when necessary) _____ **DATE:** _____

RECORD DISSEMINATED: P/U in Person Mailed via POST FAXED **DATE:** _____ **BY:** _____

Method of payment:

Cash Check # _____ Credit Card (circle one) – VISA / Master Card