

**ROCKLIN POLICE DEPARTMENT  
APPLICATION FOR RELEASE OF PUBLIC RECORDS**

<b>Date and time of occurrence</b>  _____	<b>Date of request</b>  _____	<b>Type of record</b> <input type="checkbox"/> Traffic collision <input type="checkbox"/> Crime report <input type="checkbox"/> Incident report <input type="checkbox"/> Other
<b>Location of incident</b>  _____	<b>Report/Supplement # (if applicable)</b>  _____	<b>Traffic collision</b> Driver or property owner:  _____
<b>Name of requestor</b>  _____	<b>Requestor contact information</b> Mailing Address _____  _____	<b>Requestor phone number(s)</b>  _____  _____
<b>PARTY OF INTEREST (PLEASE CHECK ONE)</b>		
<input type="checkbox"/> Person involved (driver, passenger, pedestrian, victim)	<input type="checkbox"/> Property owner	<input type="checkbox"/> Authorized individual (signed authorization required)
<input type="checkbox"/> Parent or guardian	<input type="checkbox"/> Attorney	<input type="checkbox"/> Representative of insurance company or insurance adjustor
<input type="checkbox"/> Other party of interest (please specify)	Family member: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	<input type="checkbox"/> Auto theft or recovery  Veh year _____  Make _____  Plate _____
I declare under the penalty of perjury that:  <input type="checkbox"/> I am <input type="checkbox"/> I represent <input type="checkbox"/> I am the attorney representing  The party of interest identified in the record ordered herein.  SIGNATURE _____		<b><u>FOR OFFICE USE ONLY</u></b>  Processed by: _____  Date released: _____  Date declined: _____  <input type="checkbox"/> Declination letter provided  <input type="checkbox"/> Redacted copy attached
<i>*Requestor contact information is not required for all releases</i>		