Rocklin POLICE DEPARTMENT

APPLICATION FOR RELEASE OF INFORMATION

Case /Incident #

Name of Requester:_____ Agency:_____

Home Address:_____ Phone Number:_____

Work Address:_____ Email Address:_____

Requested Information:

Date/Time of Incident:_____ Location:_____

Report Type: (please check one)

☐ Arrest Report ☐ Traffic Collision ☐ Incident Report/Call for Service
☐ Crime report ☐ Special Computer Search
☐ Other_____

Party of Interest: (please check one)

☐ Victim Named in Document(s)
☐ Driver, Passenger, or Pedestrian Involved in Traffic Collision Report
☐ Arrestee
☐ Witness
☐ Reporting Party
☐ Insurance Company Representing Subject of Record
(claim #_____)
☐ Parent /Guardian of Juvenile

☐ Attorney For:_____(authorization required)
☐ Law Enforcement Officer Conducting Criminal Investigation
Case No._____
☐ Property Owner
☐ Authorized Individual (signed authorization required)
☐ Other Party of Interest (specify):

_____

_____

_____

Pursuant to Government Code §7923.620, I declare under the penalty of perjury that: (i) I am the party of interest identified above; (ii) I am **NOT** a suspect in this case; (iii) If I am seeking arrest information, I declare that I am a licensed private investigator or will use the information for scholarly, journalistic, political, or governmental purpose **ONLY**; and (iv) The information **SHALL NOT** be used directly or indirectly to sell a product or service to anyone.

Signature _____ ID #:_____ Date:_____

OFFICE USE ONLY

☐ Complete report released
☐ Redacted copy released
☐ Denied
☐ ID card
☐ Agency ID (Agency Name):_____
☐ Drivers License #:_____

Comments or reason for denial:

_____

_____

_____

_____

Released By:_____ Date:_____