

EL MONTE POLICE DEPARTMENT
11333 Valley Blvd., El Monte, CA 91731 (626) 580-2100
APPLICATION FOR RELEASE OF A POLICE REPORT
OR OTHER INFORMATION

DATE OF REQUEST: _____ REPORT NUMBER (IF KNOWN): _____

DATE OF OCCURRENCE: _____ TIME OF OCCURRENCE: _____

TYPE OF REPORT: () CRIME () TRAFFIC () U-VISA () OTHER: _____

LOCATION OF INCIDENT: _____

NAME OF VICTIM, DRIVER, OR OWNER: _____

VEHICLE LICENSE PLATE NUMBER (if applicable): _____

Person(s) involved, attorneys, or authorized agents representing involved person(s), representatives of insurance companies, victim(s) of crime, are authorized to receive a copy of a report. Release of public records is covered under the California Public Records Act, Government Code Sections 6250-6270.

Please note that police personnel have the right to refuse access to records if the requester does not satisfactorily establish his identity. Proper identification will be required.

This request shall be processed within 10 days from receipt of the request per Government Code §6254(c) and upon payment of fees per Government Code §6254(b).

NAME OF PERSON REQUESTING REPORT: _____

() PERSON INVOLVED () PROPERTY OWNER () PARTY OF INTEREST: _____

() ATTORNEY (signed client authorization required)

() REPRESENTATIVE OF INSURANCE COMPANY OR INSURANCE ADJUSTING AGENCY

() AUTHORIZED INDIVIDUAL (signed authorization required)

MAILING ADDRESS: _____

NAME

ADDRESS CITY STATE ZIP

() -

TELEPHONE NUMBER

SIGNATURE

=====DO NOT WRITE BELOW THIS LINE - DEPARTMENT USE ONLY=====

DRIVER'S LICENSE/ID NUMBER: _____

OTHER ID: _____ DATE OF BIRTH: _____

() GIVEN OVER DESK RELEASED BY: _____ DATE: _____

() REPORT MAILED MAILED BY: _____ DATE: _____

() OTHER: _____