INSTRUCTIONS: Complete Sections I and II and turn into Records personnel or through the mail. If Sections I and II are not complete, your request will be denied. Your request will be received and approved or denied.

MAILING ADDRESS: 5275 Orange Avenue, Cypress, CA 90630  ATTN: Records Department

COST: $1.00 for the first page and $0.10 for each page thereafter.

SECTION I

DETAILS OF THE INCIDENT: (PLEASE PRINT LEGIBLY)

DATE & TIME OCCURRED: _______________________________ CASE NUMBER: _______________________________

LOCATION: _____________________________________________________________________________________________

NAME OF VICTIM(S): PARTY  (1) _____________________________________________________________________
(2) _____________________________________________________________________

TYPE OF INCIDENT:  BURGLARY ________  ROBBERY/ASSAULT __________  TRAFFIC ACCIDENT __________
AUTO THEFT/RECOVERY – LIC PLATE# _________________  OTHER CRIME (SPECIFY) _____________________
_________________________________________________________________________________________________________

SECTION II

THIS SECTION MUST BE COMPLETED: (CHECK ONE BOX ONLY)

I, the undersigned, request information regarding the incident described above. I certify that I am:

☐ A victim/party/parent of a juvenile involved in the incident described above. (IF YOUR NAME IS NOT MENTIONED IN THE POLICE REPORT/ACCIDENT REPORT, YOUR REQUEST WILL BE DENIED.)

☐ An authorized representative of a victim/party named in the incident described above. IF YOU ARE ACTING ON BEHALF OF THE VICTIM/PARTY INVOLVED IN THE INCIDENT, YOU MUST HAVE A WAIVER SIGNED BY THAT PERSON AUTHORIZING YOU TO OBTAIN ANY INFORMATION

☐ A representative of an insurance carrier against which a claim has been made or might be made.

NAME OF INSURANCE COMPANY:  ______________________________________________________________

I declare, under penalty of perjury, that the above information is true and correct.

SIGNATURE __________________________________________ PRINT NAME _____________________________________

MAILING ADDRESS __________________________________ CITY _________________________________
ZIP __________ TELEPHONE NO. _______________ DATE OF REQUEST ____________________________
DATE RECEIVED ___________________________ BADGE # _________________________________________

PD-45, ver 08-20