



CLAYTON POLICE DEPARTMENT

6000 Heritage Trail
Clayton, California 94517
Telephone (925) 673-7350

REQUEST FOR COPY OF POLICE REPORT

REPORT NUMBER _____ TYPE OF REPORT _____

PLACE OF OCCURRENCE _____ DATE OCCURRED _____

INVOLVED PERSONS _____

WHAT IS YOUR INTEREST IN THE REPORT? VICTIM ____ ATTORNEY ____

PROPERTY OWNER _____ PARENT/GUARDIAN OF JUVENILE _____

AUTHORIZED INDIVIDUAL __ INSURANCE COMPANY/REPRESENTATIVE __
(Signed authorization required)

I declare under the penalty of perjury that I am or represent the party of interest identified in the report I am requesting a copy of. I further state that information released will not be used to harass or humiliate any person; or used for any employment or related purposes. I agree to indemnify the **Clayton Police Department** for any liability arising out of improper use of the information provided. Dissemination of arrest information is controlled by law.

PRINT NAME _____ DATE _____

ADDRESS _____

SIGNATURE _____ PHONE _____

Do Not Write Below This Line

REQUEST RECEIVED BY _____ DATE _____

REQUEST APPROVED BY _____ DATE _____

REQUEST DENIED BY _____ DATE _____

REASON DENIED _____

HAVE REQUESTOR CALL RECORDS SUPERVISOR FOR DISCUSSION __ YES __ NO

DATE REQUEST RECEIVED _____ DATE PROVIDED _____

NUMBER OF PAGES RELEASED _____ DATE MAILED _____