



# Hacienda La Puente Unified School District Police Department



John Babbitt, Chief of Police

## REQUEST FOR RELEASE OF RECORDS INFORMATION

Today's Date: \_\_\_\_\_ Report #: \_\_\_\_\_

**Applicant Information** (please use the address you want the report mailed to)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax # \_\_\_\_\_ (if report is to be faxed)

- Type of report requesting:
- |  |  |
|--|--|
| <input type="checkbox"/> Traffic Collision | <input type="checkbox"/> Crime Report<br>(theft, burglary, etc.)     |
| <input type="checkbox"/> Arrest            | <input type="checkbox"/> Domestic Violence<br>(related crime/arrest) |
| <input type="checkbox"/> Identity Theft    | <input type="checkbox"/> Other _____                                 |

Date/Time of occurrence: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of involved party: \_\_\_\_\_

Reason for request: \_\_\_\_\_

I declare, under the penalty of perjury, that  I am,  I represent, or  I am an attorney representing the party of interest in the report record hereon (check one).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

\*\*If you prefer to be contacted via e-mail regarding your report request, please indicate your email address here: \_\_\_\_\_

Department Use Only: Rec'd by: _____ Date: _____ Request approved / denied (circle) by: _____ Date: _____ Fee paid (circle): \$10.00 / none other: \$ _____ Paid by (circle one): Check Cash Date mailed/faxed: _____ by: _____ Date called for pickup: _____ by: _____
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