

Victor Valley Union High School District

Police Department

Christopher J. Stowell, Chief of Police

Victor Valley Union High School District Police Department

Request for Information

Type of Request:	□ Copy of Report	
	☐ Other (Please Spe	cify)
Report/Incident Nu	mber:	
Subject's Name an	ıd DOB:	
Date of Incident: _		
Reason for Reques	st:	
ID or Driver's Licer	ıse:	
Contact Name and	Phone:	
** I hereby certify	that my request for this	s information is based in my official capacity **
Requestor's Signa	ture:	
Name (Please Prin	ıt):	
Agency:		
Phone Number:		
		_
	•	Date:
Employee who rele	eased report:	Date: