



PACIFIC GROVE POLICE DEPARTMENT

580 Pine Avenue, Pacific Grove, CA 93950

(831) 648-3143 – Fax (831) 648-3163

“Our community, your police”

APPLICATION FOR RELEASE OF POLICE REPORT

<i>Incident Information</i>			
Report Type:	<input type="checkbox"/> Traffic Collision	<input type="checkbox"/> Crime/Arrest	<input type="checkbox"/> Other
Case/Report Number:			
Date of Occurrence (if known):			
Location/Address of Incident:			

<i>Requester Information</i>	
Name and/or Agency:	
Address: (include City/ST/Zip)	
Phone Number:	
Involvement:	<input type="checkbox"/> Victim <input type="checkbox"/> Insurance/Claims Adjuster <input type="checkbox"/> Parent/Guardian of Juvenile Party <small>(see back for conditions of release for reports involving juveniles)</small> <input type="checkbox"/> Authorized Representative <small>(Written Authorization is Required)</small>
	<input type="checkbox"/> Driver <input type="checkbox"/> Property Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Other Party of Interest <small>(Specify)</small>

<i>Certification</i>	
I declare under the penalty of perjury that... <input type="checkbox"/> I am <input type="checkbox"/> I represent <input type="checkbox"/> I am an attorney representing, the party of interest identified in the record requested hereon.	
Date/Time of Request: _____	Signature: _____

<i>For Department Use Only:</i>	
Date/Time Received: _____	Received by: _____
ID Presented: <input type="checkbox"/> DL/ID <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	#: _____
Review Determination – Release <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approved/Denied by: _____
	Cost \$ _____