



# RECORDS REQUEST FORM

In order to expedite your request please complete this form to the best of your knowledge. You will be requested to show a picture ID or proof of representation. You will be advised by phone when the report is available for pickup. You may also fax your request to: **FAX # (530) 274-4329**

**(PLEASE PRINT)**

**DATE OF REQUEST:** \_\_\_\_\_ **REQUESTED BY:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REPORT REQUEST:**

(NOTE: Requests for Arrest Reports must be made through the District Attorney's Office.)

**REPORT #:** \_\_\_\_\_ **DATE/TIME OF INCIDENT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**TYPE OF REPORT:**  TRAFFIC COLLISION  CRIME REPORT  INCIDENT REPORT

**PLEASE IDENTIFY YOURSELF BY COMPLETING ONE OF THE FOLLOWING:**

VICTIM  SUSPECT  DRIVER  OTHER \_\_\_\_\_

**INSURANCE REPRESENTATIVE:** \_\_\_\_\_

**LEGAL REPRESENTATIVE FOR:** \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN FOR:** \_\_\_\_\_

**OTHER PARTY OF INTEREST: (SPECIFY)** \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION: I DECLARE UNDER PENALTY OF PERJURY THAT I AM:**

\_\_\_\_\_  
**(SIGNATURE)**

AMOUNT PAID: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

NOTIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_