



Auburn Police Department

BRYAN MORRISON, CHIEF OF POLICE
1215 LINCOLN WAY, AUBURN, CA 95603 (530)823-4237
Application for Release of Records



1 YOUR CONTACT INFORMATION		FOR DEPARTMENT USE ONLY RECEIVED DATE:
YOUR NAME (PLEASE PRINT) FIRST, MIDDLE LAST		YOUR DATE OF BIRTH (DOB)
YOUR ADDRESS CITY, STATE AND ZIP CODE		
DAYTIME PHONE	EVENING PHONE	FAX NUMBER
		SCANNED BY: DATE:
2 DESCRIBE RECORD REQUESTED		3 YOUR DECLARATION & VERIFICATION
CASE NUMBER OR CALL FOR SERVICE NUMBER (IF KNOWN)		PLEASE CHECK ONE:
DATE OF INCIDENT (OR APPROXIMATE)	TIME OF INCIDENT ____: ____ AM PM	<input type="checkbox"/> Victim / Driver / Passenger / Pedestrian <input type="checkbox"/> Property / Vehicle Owner <input type="checkbox"/> Parent or guardian of involved juvenile <input type="checkbox"/> Insurance Company Representative <input type="checkbox"/> Military Recruiter, with a signed waiver <input type="checkbox"/> Attorney / Authorized Agent with a signed waiver <input type="checkbox"/> Law Enforcement Background Investigator with a signed waiver. Record to be sent directly to Law Enforcement Agency <input type="checkbox"/> Other _____
LOCATION OF INCIDENT (ADDRESS / STREET)		
RECORD TYPE (Check One)		
<input type="checkbox"/> Arrest Record <input type="checkbox"/> Call for Service Log Item <input type="checkbox"/> Crime / Incident Report <input type="checkbox"/> Special Computer Search <input type="checkbox"/> Traffic Collision Report <input type="checkbox"/> Photographs <input type="checkbox"/> Fire Department Report / Investigation <input type="checkbox"/> Other Type of Report _____		
4 PAYMENT INFORMATION		--- For Department Use Only Below ---
Amount Received \$ _____		Payment Received by: _____
Payment received in form of :		Receipt #: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other: _____		NOTE: Fees are waived for Victims of Domestic Violence
RECORD RELEASE DISPOSITION (Per the California Public Records Act)		
<input type="checkbox"/> RECORD RELEASE APPROVED:		<input type="checkbox"/> RECORD RELEASE DENIED or PROHIBITED BY LAW
<input type="checkbox"/> Enclosed is the record you requested. The record was not edited.		<input type="checkbox"/> No Record of Report <input type="checkbox"/> Release Prohibited <input type="checkbox"/> Case Is Under Active Investigation <input type="checkbox"/> Elder/Dependent Abuse Report <input type="checkbox"/> Suspected/Child Abuse Report <input type="checkbox"/> Juvenile Record <input type="checkbox"/> Arrest Report - Arrestee must obtain through the DA's Office <input type="checkbox"/> Report referred to the DA's Office. Disposition is pending. <input type="checkbox"/> Deferred to other agency or Court. <input type="checkbox"/> Other: _____
RECORDS RELEASED BY:		
Emp. ID# _____ Initial _____ On: _____		
Released: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail		
		<input type="checkbox"/> Placed at Pick-Up window - RP notified