



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			
YOUR NAME (PLEASE PRINT) FIRST, MIDDLE LAST		RECEIVED DATE:			
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: <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 _____ <i>I declare under penalty of perjury that I am entitled to this record by reason checked above:</i> Signature: _____ Date: _____			
DATE OF INCIDENT (OR APPROXIMATE)					
TIME OF INCIDENT _____ : _____ AM PM					
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"/> Enclosed is the record you requested. The record was not edited. <input type="checkbox"/> Enclosed is the record you requested. The record has been redacted due to: <input type="checkbox"/> Privacy right of the individual(s) named. <input type="checkbox"/> Confidentiality right of individual(s) named. <input type="checkbox"/> Other Public Records Act exemption 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		<input type="checkbox"/> RECORD RELEASE DENIED or PROHIBITED BY LAW Denied by: Employee ID# _____ Initial _____ REASON FOR DENIAL: <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: _____ <input type="checkbox"/> Refund of \$ _____ will be processed by City Hall Finance Dept. and mailed separately.			