



**CAL MARITIME POLICE DEPARTMENT**

**OFFICAL REQUEST FOR RELEASE OF RECORDS TO THE PUBLIC**

Requests will be processed within 10 working days or you will be notified that it will take longer than the allotted time. The requestor will be called when the report is ready for pickup. Reports must be picked up within 2 weeks from date notified. **ALL REQUESTED INFORMATION MUST BE COMPLETED**

CASE NUMBER:

VICTIM, DRIVER, INVOLVED PERSON:

DATE OF BIRTH:

LOCATION OF THE INCIDENT:

WHAT CRIME OR INCIDENT TOOK PLACE?

**YOUR INVOLVEMENT IN THIS INCIDENT**

<input type="radio"/> INVOLVED PERSON (Victim, Driver, Passenger, Etc.)	<input type="radio"/> Property Owner	<input type="radio"/> Parent/Guardian of Juvenile Involved
<input type="radio"/> Attorney (Requires signed authorization)	<input type="radio"/> Insurance Representative	<input type="radio"/> Other* Specify:

\*Use Reverse side for further explanation of why you are requesting a copy of this report, if needed.

**CERTIFICATION**

**I DECLARE UNDER THE PENALTY OF PERJURY THAT I AM OR THAT I REPRESENT, THE PARTY OF INTEREST IDENTIFIED IN THE REPORT RECORDED HEREIN:**

ADDRESS:

PHONE NUMBER:

PRINT YOUR NAME:

SIGNATURE: (Signature of Parent or Guardian if under 18 years old)

DATE: