



# REQUEST FOR RECORD INFORMATION

1. **Today's Date:** \_\_\_\_\_

*The following information is solicited in order to assist in locating the documents that are specific to your request.*

2. **Record Type:**    Traffic Collision Report    Crime Report    Other

3. **Record Identification:** Report/Case Number (if known): \_\_\_\_\_

Location of Incident	Date	Time

4. **Persons Involved:** (Driver, Passenger, Victim, Property Owner, etc.)

Last Name	First Name	Initial	Date of Birth

5. **How may we contact you?**

Please provide as much of the following information as possible so that we may notify you of the availability of your request.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

I declare under penalty of perjury that:  I am  I represent  I am an attorney representing  Other (please specify) \_\_\_\_\_, the party of interest identified in the report recorded hereon.

\_\_\_\_\_  
**Signature**

**Records Section Use Only** Released by: \_\_\_\_\_ Date: \_\_\_\_\_