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): __________________________

<table>
<thead>
<tr>
<th>Location of Incident</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

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: ________________