SANTA CRUZ POLICE DEPARTMENT RECORD REQUEST

Accident Report Fees* Please make your check payable to "City of Santa Cruz"

Crime Report Fees*...... (Fees will be calculated based on the number of pages in the report.)

Fees Change Annually – For an updated Fee Schedule visit:

http://www.cityofsantacruz.com/government/city-departments/police/permits-and-forms

*fee only applicable for hard copy of report
Include a *Copy of your Photo I.D.* AND your Check made out to: "City of Santa Cruz"

If you were cited or arrested in relation to the requested crime report, contact the District Attorney's office for the requested documents at (831) 454-2400.

Please complete all four sections below and sign. ONLY <u>one report per request form.</u> Provide as much information as possible.

Please include a self-addressed stamped envelope to ensure prompt delivery.

		T lease iliciade a	seit-addressed stampe	sa envelope	e to ensure pron	ipt delivery.	
1.	Your Name	:					
	Address:	First Name Last Name					
	Addiess.	Street Number	Street Name		City	State	Zip Code
	Telephone:		 	Em	nail:		
	I would like	the records:	□ Emailed		□ Mailed		
2.	Check applic	able type of report:	☐ Traffic	Accident	□ Crime Report		
	Case Report	Number:					
	Date of Incident:						
	Location of I	ncident:					
3.	I certify that	am*:					
•	□ Victim				Owner of veh accident	icle or prope	rty damaged in
	□ Suspe	ot			Attorney of pa	arty with prop	er interest
	□ Driver	involved			Requesting in		•
		an or conservator o	f individual listed in		journalistic, o (please comp	•	• • •
	report □ Parent	or guardian of mine	or individual listed in			_	nment agency
	report	or guardian or mine	or individual listed in			_	mplete and sign
	•	zed representative	of individual listed in		Form B)		
	•	(includes spouse)			Other:		· · · · · · · · · · · · · · · · · · ·
	□ Named person injured in accident			* Must provide proof of identity before records can be released			
4.	Verification of	of ID Provided*:					
			nt Issued ID Card, Mat	ricula Cons	sular Card, or P	assport	
		irth Certificate					
* Bot	h must be provided	before records can be r	eleased to a parent or legal	guardian.			
dec	lare under pen	alty of perjury, th	at the foregoing is tru	ue and cor	rect.		
XECUTED on this day of				, 2020 at Santa Cruz, California.			
ignature				Print Name			