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.

1. Your Name: _____   _____
                     First Name   Last Name

    Address: _____
                     Street Number   Street Name   City   State   Zip Code

    Telephone: _____   Email: _____

    I would like the records: ☐ Emailed   ☐ Mailed

2. Check applicable type of report: ☐ Traffic Accident   ☐ Crime Report   ☐ Calls for Service
                                                  ☐ Clearance Letter   ☐ Local Summary Record (arrests only)

    Case Report Number: _____

    Date of Incident: _____

    Location of Incident: _____

3. I certify that I am:

    ☐ Victim*
    ☐ Suspect
    ☐ Driver involved*
    ☐ Guardian or conservator of individual listed in Report*
    ☐ Parent or guardian of minor individual listed in Report*
    ☐ Authorized representative of individual listed in report (includes spouse)*
    ☐ Named person injured in accident*
    ☐ Requesting a clearance letter or local summary record for which I am the subject*
    ☐ Requesting calls for service

    ☐ Owner of vehicle or property damaged in accident*
    ☐ Attorney of party with proper interest
    ☐ Requesting information for scholarly, journalistic, or investigatory purposes (please complete and sign **Form A**)
    ☐ A law enforcement/government agency representative (please complete and sign **Form B**)
    ☐ Requesting Report pursuant to Penal Code section 679.10*
    ☐ Other: _____

    * Must provide proof of identity before records can be released.

4. Verification of ID Provided*:

    ☐ Driver's License, Government Issued ID Card, Matricula Consular Card, or Passport
    ☐ Minor's Birth Certificate

    * Both must be provided before records can be released to a parent or legal guardian.

I declare under penalty of perjury, that the foregoing is true and correct.

EXECUTED on this _____ day of _____, 202____   at Santa Cruz, California.

_____   _____
Signature   Print Name