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.

		Ticuse include u	seit-addressed stampe	и спусторс	to choure pron	ipt delivery.		
1.	Your Name							
	Address:	First Name Last Name						
	Address.	Street Number	Street Name		City	State	Zip Code	
	Telephone:			Email:				
	I would like	the records:	□ Emailed		□ Mailed			
2.	Check applic	☐ Traffic <i>i</i>	ıffic Accident ☐ Crime Rep		rime Report			
	Case Report	Number:						
	Date of Incident:							
	Location of Ir	ncident:						
3.	I certify that I	am*:						
	□ Victim				Owner of veh accident	icle or prope	erty damaged in	
	□ Suspec	t			Attorney of pa	arty with prop	er interest	
	□ Driver i	nvolved			Requesting in		•	
	☐ Guardia report	an or conservator o	f individual listed in		journalistic, o (please comp	•	• • •	
	□ Parent	or guardian of mind	or individual listed in		A law enforce	ement/gover	nment agency mplete and sign	
	report □ Authori:	zed representative	of individual listed in		Form B)	o (picado co	mpioto and oign	
		includes spouse)			Other:		· · · · · · · · · · · · · · · · · · ·	
	□ Named	□ Named person injured in accident			* Must provide proof of identity before records can be released.			
4.	Verification o	f ID Provided*:						
			t Issued ID Card, Matr	ricula Cons	sular Card, or P	assport		
+ -		irth Certificate						
* Bot	th must be provided	before records can be re	eleased to a parent or legal	guardian.				
decl	lare under pen	alty of perjury, tha	at the foregoing is tru	e and cor	rect.			
EXE	CUTED on this	day of		,	20 at Santa	Cruz, Cali	fornia.	
ignature				Print Na	ame			