INGLEWOOD POLICE DEPARTMENT

REQUEST FOR RELEASE OF RECORDS INFORMATION

APPLICANT=S NAME (LAST - FIRST - MIDDLE)	STREET ADDRESS, CITY, STATE AND ZIP CODE

Type of report requested:

☐ Traffic Collision ☐ Crime Report (theft, burglary, etc.) ☐ Arrest Report

☐ Domestic Violence ☐ Identity Theft Report ☐ Other:

Today's Date	
Date / Time of Occurrence	
Location of Incident	
Name of Involved Party	
Reason for Request	

I, the undersigned, request information regarding the incident described above because I am the: (please check only one box):

☐ Person involved (driver, passenger, pedestrian, or victim)

☐ Victim/representative of a domestic violence-related crime

☐ Property owner

☐ Parent/guardian of juvenile party

☐ Authorized individual (signed authorization is required)

☐ Representative of insurance company / insurance adjusting agency (Fill-in Company / Agency name below)

☐ Attorney (please attach signed waiver by client authorizing release of information)

☐ Other party of interest (specify)

I declare, under penalty of perjury, that ☐ I am, ☐ I represent, or ☐ I am an attorney representing the party of interest in the requested report (check one).

SIGNATURE	DATE

TELEPHONE NUMBER, INCLUDING AREA CODE	DRIVER'S LICENSE NUMBER & STATE
( )	

E-MAIL ADDRESS, IF YOU PREFER TO BE CONTACTED VIA E-MAIL FOR QUESTIONS REGARDING YOUR REQUEST.

Department Use Only:

RECEIVED BY:	REQUEST ☐ APPROVED ☐ DENIED BY:

☐ Fee Paid $12.50 ☐ Other ☐ None ☐ Paid by Cash ☐ Paid by Check ☐ Paid by Visa M/C

DATE MAILED	INITIALS	DATE CALLED FOR PICKUP	INITIALS

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