Cloverdale Police Department

Sean Jones, Chief of Police

112 Broad Street • Cloverdale, CA 95425 • Phone: (707) 894-2150 • Fax: (707) 894-5203

PUBLIC RECORDS REQUEST FORM

Thank you for your records request. We know it is very important to you. Pursuant to the California Public Records Act, within 10 days from receipt of your request our Records Department will determine if your request can be fulfilled and you will be notified. In unusual circumstances, the time may be extended by written notification.

Not all information requested is allowed to be released under the California Public Records Act.

NOTE: The Cloverdale Police Department Records Personnel have the right to refuse you access to the information if you do not satisfactorily establish your identity and prove you have the right to access such records.

Name of Requestor - Last/First Name	Email Address	Date of Request	Contact Phone Number
Agency/Company, if applicable			Alternate Contact Phone Number
Address	City		Zip Code
Date of Birth	Type of Picture ID		Picture ID #
	☐ Driver's License ☐ Identification Card ☐ Passport		

Reason for the request? _____

_____

_____

SIGNATURE OF PERSON REQUESTING RECORD(S): _____

TYPE OF RECORD REQUESTED (CHECK ALL THAT APPLY):

☐ Incident Record (i.e., barking dogs, civil, graffiti) Incident #: _____

☐ Crime Report (i.e., theft, vandalism, fraud) Cloverdale Case Report Number: _____

☐ Traffic Collision/Accident Report Cloverdale Case Report Number: _____
(NOTE: Your insurance company may request report and pay the fee.)

DO NOT WRITE BELOW THIS LINE – FOR USE BY RECORDS DEPARTMENT

Request Received Via	Date of Receipt	Date Completed	Request	
☐ In Person ☐ Mail			☐ Approved	☐ Denied

Information Provided / Reason For Denying Request		
Date Requestor Notified		☐ To be Picked up ☐ To be Mailed ☐ Other (Describe): _____