



Rocklin POLICE DEPARTMENT
APPLICATION FOR RELEASE OF INFORMATION

Case /Incident #

Empty box for Case /Incident #

Name of Requester: Agency:

Home Address: Phone Number:

Work Address: Email Address:

Requested Information:

Date/Time of Incident: Location:

Report Type: (please check one)

- Arrest Report, Traffic Collision, Incident Report/Call for Service, Crime report, Special Computer Search, Other

Party of Interest: (please check one)

- Victim Named in Document(s), Driver, Passenger, or Pedestrian Involved in Traffic Collision Report, Arrestee, Witness, Reporting Party, Insurance Company Representing Subject of Record (claim #), Parent /Guardian of Juvenile

- Attorney For: (authorization required), Law Enforcement Officer Conducting Criminal Investigation Case No., Property Owner, Authorized Individual (signed authorization required), Other Party of Interest (specify):

Three horizontal lines for specifying other party of interest

Pursuant to Government Code §7923.620, I declare under the penalty of perjury that: (i) I am the party of interest identified above; (ii) I am NOT a suspect in this case; (iii) If I am seeking arrest information, I declare that I am a licensed private investigator or will use the information for scholarly, journalistic, political, or governmental purpose ONLY; and (iv) The information SHALL NOT be used directly or indirectly to sell a product or service to anyone.

Signature ID #: Date:

- Complete report released, Redacted copy released, Denied, ID card, Agency ID (Agency Name):, Drivers License #:

OFFICE USE ONLY

Comments or reason for denial:

Four horizontal lines for office use only

Released By: Date: