



# CITY OF ROHNERT PARK DEPARTMENT OF PUBLIC SAFETY

**POLICE AND FIRE SERVICES**

Brian Masterson, Director

**APPLICATION FOR RECORD INFORMATION**

**REPORT FEE \$10.00 \*\*\* EXACT CASH OR CHECK ONLY\*\*\***

CASE#: \_\_\_\_\_ Is this a Domestic Violence or Identity Theft report? Yes No (please circle)

1. REPORT TYPE: ( ) Accident ( ) Arrest ( ) Crime ( ) Fire (\$10.00 for each report)  
( ) Calls for Service ( ) Location History (\$5.00 for each printout)

2. LOCATION OF INCIDENT: \_\_\_\_\_  
DATE \_\_\_\_\_ TIME \_\_\_\_\_

3. PERSONS INVOLVED: (Driver, Passenger, Victim, Property Owner, Etc.)

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH

4. REASON FOR REQUEST: (Complete A or B below, sign and date)

A. I represent the individual on line 3 with his/her consent and I AM:  
( ) The Individual Named ( ) The Individual's Parent ( ) The Individual's Attorney  
( ) The Individual's Spouse ( ) Insurance Agent ( ) Other: \_\_\_\_\_

B. ( ) I do not represent the individual on line 3. My request for information is based upon my belief that I am entitled to such information due to: \_\_\_\_\_  
\_\_\_\_\_

NAME (please print): _____
MAILING ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE _____
DRIVER'S LICENSE NUMBER: _____
SIGNATURE: _____ DATE: _____
AGENCY REPRESENTED (if any): _____

*NOTE: Reports are processed within 10 working days. An incomplete request may delay our response. If we determine that the report is unavailable for release, we will notify you in writing or by phone (GOVT. CODE SEC. 6256).*

DO NOT WRITE BELOW THIS LINE

Paid  Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ by: \_\_\_\_\_

Disposition: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Notes/Comments on redaction: \_\_\_\_\_