



Citrus Heights Police Department  
 6315 Fountain Square Drive, Citrus Heights, CA 95621 (916) 727-5500

## Report Request

INCIDENT OR CASE NUMBERS	
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The Government Code assists staff in determining what information is releasable in a Police Report. Requests may be released in full, partial or not at all depending on facts, circumstances and the status of a case. Government Code Section 6253 states that we must respond to a request within 10 days; however we are allowed to respond with notification of a 14 day extension when necessary. The Government Code Sections in 6254 provide the release criteria and who is entitled to receive information. Marsy's Law protects victims and their families from disclosing their information. Due to identify theft concerns, personal information is generally; therefore, we often do not release this information. Public information is released as required under the Public Records Act. A payment of \$10.00 per report shall be paid at the time of request. Reports greater than 40 pages will cost an additional \$.25 per page. Please help us locate the information you are requesting by completing the fields below.

REQUESTING PARTY USE			
TYPE OF REPORT REQUESTED			
<input type="checkbox"/> ANIMAL	<input type="checkbox"/> PRA		
<input type="checkbox"/> CIVIL	<input type="checkbox"/> REQUESTED BY PHONE		
<input type="checkbox"/> CODE ENFORCEMENT			
<input type="checkbox"/> CRIME	<i>Crime incidents may be released to the victim or authorized agent</i>		
<input type="checkbox"/> TRAFFIC	<i>Traffic incidents may be released to any person or owner involved in the accident or authorized agent</i>		
Today's Date		Date of Incident	
Name of Victim / Business / Driver			
Location of Incident / Address			
Requesting Party's Last Name or Affiliation (opt. for PRA)		First Name	Middle Name
Address		City	State Zip
Home Phone		Work Phone	Cell Phone
Interest in the Incident			
<input type="checkbox"/> Animal Owner/Victim	<input type="checkbox"/> Records Inspection/PRA		
<input type="checkbox"/> Crime Victim	<input type="checkbox"/> Insurance Carrier for: _____		
<input type="checkbox"/> Involved in Accident	<input type="checkbox"/> Attorney for: _____		
<input type="checkbox"/> Other : _____			
Signature: _____ Date: _____			
Email: <a href="mailto:reportrequest@citrusheights.net">reportrequest@citrusheights.net</a>			

OFFICIAL USE ONLY	
Identification Verified (as necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No ID#	Method of Release <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Viewed
RECEIVED BY#: _____ Authorization <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Reason marked below) <input type="checkbox"/> Disclosure would hinder successful completion of investigation <input type="checkbox"/> Requesting party is not listed as "involved" or a "victim" <input type="checkbox"/> Other <input type="checkbox"/> Notification of denial provided <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone	Information Provided <input type="checkbox"/> All <input type="checkbox"/> Partial (see below) <input type="checkbox"/> Redacted <input type="checkbox"/> Not Redacted <input type="checkbox"/> Public Version
Request completed by: <input type="checkbox"/> DB <input type="checkbox"/> KS <input type="checkbox"/> TM <input type="checkbox"/> HH <input type="checkbox"/> CN <input type="checkbox"/> MM	Date completed and pages provided: _____