

**SANTA CRUZ COUNTY SHERIFF'S OFFICE
REQUEST FORM**

In order to expedite your request please complete this form to the best of your knowledge. You will be requested to show a picture ID or proof of representation. **NOTE: Per 6253c GC we will respond to your request within 10 days.**

Research/Tape duplication - you will be notified by telephone when they are available for pick-up.

(PLEASE PRINT)

Date of request: _____ Requested by: _____

Mailing address: _____ Agency Represented: _____

_____ Telephone #: _____

1. REPORT COPY [] TAPE DUPLICATIONS []

(NOTE: Requests for Arrest Reports must be made from the District Attorney's Office)

Report #: _____ Date/Time of Incident: _____ Location: _____

Type of Report: Crime Report [] Incident Report []

Please identify yourself by completing one of the following:

a. Person mentioned in report: Victim [] Suspect [] Other [] _____

b. Insurance representative: _____
(Name of Company)

c. Legal representative for: _____

d. Parent or Legal guardian for: _____

e. Other party of interest (specify) _____

2. ADDRESS RESEARCH/OTHER INFORMATION []

Time Period: From _____ To _____ Address: _____
(Month/Year) (Month/Year)

Information requested: _____

CERTIFICATION: I declare under penalty of perjury that I am:

X _____
(Signature)

FOR OFFICE USE ONLY

AMOUNT PAID: \$ _____ [] Full amount [] Check attached [] Cash (validated) [] ID Verified

RECEIVED BY: Date: _____ Employee ID#: _____ [] Call when ready

COMPLETED BY: Date: _____ Employee ID#: _____ Balance due: \$ _____ [] Mailed

NOTIFIED BY: Date: _____ Employee ID#: _____ [] Notified to pick up

BALANCE PAID: Date: _____ Employee ID#: _____ Amount: _____