# APPLICATION FOR RELEASE OF POLICE REPORT

## INCIDENT INFORMATION
- **Report Type:**
  - Traffic Collision
  - Crime/Arsst
  - Other
- **Case/Report Number:**
- **Date of Occurrence (if known):**
- **Location/Address of Incident:**

## REQUESTOR INFORMATION
- **Name and/or Agency:**
- **Representing:** (if applicable)
- **Address:** (Include City/ST/Zip)
- **Phone Number:**
- **Fax Number:**

## CERTIFICATION
I declare under the penalty of perjury that:
- [ ] I am
- [ ] I represent
- [ ] I am an attorney representing

the party of interest identified in the record requested hereon.

**Date/Time of Request:**
**Signature:**

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**FOR DEPARTMENT USE ONLY:**
- **Date/Time Received:**
- **Received By:**
- **ID Presented:**
  - DL/ID
  - Passport
  - Other
  - Number:
- **Fee Collected:**
  - Yes
  - No
  - Paid by:
    - Cash
    - Check/Money Order
    - Credit/Debit Card
- **Further Review Required:**
  - No
  - Yes: Routed to:

  ***Do not collect fee if Yes***

**Review Determination:**
- Release
- Approved
- Denied by

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