

RIPON POLICE DEPARTMENT - RECORDS INFORMATION REQUEST

In accordance with the Public Records Act/California Vehicle Code, I request to obtain a copy of the following report:

Report #: _____ Date of Report: _____

Report Type: Accident - Burglary/Theft - Vandalism - Other _____
(Circle One) (Describe Type of Report)

Names of Subjects Involved: Driver _____
Victim _____
Suspect _____

I certify that I am (check one and enter information requested):

- _____ Involved and Named in the Report
- _____ Insurance Agent/Company _____
- _____ Government Agency _____
- _____ Authorized Representative for _____ (named in report)
Firm Name _____

Purpose of Request (A complete explanation is required):

(Continue on back if necessary)

I understand the following:

- The Public Records Act authorizes the Ripon Police Dept. to censor the report as them deem necessary.
- I will be required to provide proof of my identification.
- I will be required to purchase the report.
- Completion of this request does not guarantee my entitlement to the above report. If this report is requested under the Public Records Act, I will be notified in approximately two weeks regarding the approval or denial of this request.
- If my request is denied, the reason for denial will be provided, if desired.

(Print Name)

(Signature of Requesting Party)

(Date)

(Address)

(Telephone Number)

Reviewed By: _____

___ Approved
___ Not Approved