



JACKSON POLICE DEPARTMENT

SCOTT MORRISON, Chief of Police • 33 -D Broadway • Jackson, CA. 95642 • 209/223-1771

REQUEST FOR COPY OF POLICE REPORT

1. TYPE OF REPORT Crime _____ Traffic _____	2. DATE REPORTED _____/_____/_____	3. REPORT NUMBER _____ - _____
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4. PLACE OF OCCURRENCE: \_\_\_\_\_

5. INVOLVED PERSONS: \_\_\_\_\_

6. WHAT IS YOUR INTEREST IN THE REPORT?

- VICTIM                       PROPERTY OWNER                       PARENT/GUARDIAN OF JUVENILE
- AUTHORIZED INDIVIDUAL (*signed authorization required*)                       AUTHORIZED INDIVIDUAL
- ATTORNEY                       INSURANCE COMPANY OR REPRESENTATIVE
- OTHER \_\_\_\_\_

I declare under the penalty of perjury that I am or represent the party of interest identified in the report I am requesting a copy of. I further state that information released will not be used to harass or humiliate any person; or use for any employment or related purposes. I agree to indemnify the Jackson Police Department for any liability arising out of improper use of the information provided. Dissemination of arrest information is controlled by law.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

1. Allow 5-7 working days from time of incident before requesting report.
2. A fee of \$10.00 for the first 5 pages and 25¢ for each additional page is payable at time of request.
3. Crime reports may be released to the victim or authorized agent only.
4. Traffic reports may be released to any person or owner involved in the accident or an authorized agent.
5. Only reports or portions of reports authorized for release by Departmental General Orders will be released.
6. Reports will be mailed after receipt of fee.
7. Checks and/or money orders must be made payable to the CITY OF JACKSON.
8. Allow 10 days for receipt of report.

OFFICE USE ONLY

Request received by _____	Date _____	
Request approved by _____	Date _____	Request Denied <input type="checkbox"/> Date _____
Reason Denied _____		
Amount Paid _____	Amount Due _____	Fees not Applicable <input type="checkbox"/>
Number of pages released _____ Date mailed _____		