CITY OF ELK GROVE
POLICE DEPARTMENT

RECORDS REQUEST FORM

TYPE OF REPORT:	DATE CRIME/ACCIDENT OCCURRED:	REPORT NUMBER (S):
☐ CRIME ☐ TRAFFIC/ACCIDENT ☐ CALL FOR SERVICE The preferred method to receive records: Pick up___ Email___	_____	_____ _____ VERIFIED BY: _____

LOCATION/ADDRESS OF INCIDENT_____

TO BE COMPLETED BY REQUESTING PARTY
(FOR CONTACT IF APPLICABLE)

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE: _____
HOME BUSINESS CELL

EMAIL: _____

Your interest in the Report (Check One)

- ☐ Crime Victim
- ☐ Involved in an Accident
- ☐ Other (Explain) _____

Insurance Carrier For: _____

Client's Name (For Attorneys- Requires written authorization from their client): _____

Signature of Requesting Party: _____ Date: _____

Crime Reports may be released to the victim or authorized agent only per 7923.600 GC
Traffic Reports may be released to any person or owner involved in the accident or their authorized agent. (20014 VC)
Only reports or portions of reports authorized for release by 7923.600 GC will be released. An explanation will be attached.
Public Records Act Requests will be researched and Records and/or responses are issued within 10 working days.

ELK GROVE POLICE DEPARTMENT – RECORDS USE ONLY

Request filled by: _____ Date: _____

Request Denied-Reason: _____

Elk Grove Police Department Records Bureau • 8400 Laguna Palms Way • Elk Grove, CA 95758 Phone (916) 478-8170 Fax (916) 683-4530