SAUSALITO POLICE DEPARTMENT

29 Caledonia Street - Sausalito, CA 94965
Phone: 415-289-4170 – Fax: 415-289-4175

If you have recently been arrested or you are awaiting trial and are seeking a copy of the report, YOU DO NOT NEED TO COMPLETE THIS FORM. Your copy of the report has been provided to the District Attorney and is available through their office.

REQUEST FOR RELEASE OF INFORMATION

Thank you for your records request. We will try to provide you with the requested information as soon as possible. Pursuant to the California Public Records Act, within 10 days from receipt of your request, the Police Department will determine whether your request seeks copies of disclosable public records in its possession and will promptly notify you. In unusual circumstances, the time may be extended by written notice. ***Not all information requested is releasable under the Act.***

INCIDENT INFORMATION

Type of Report

[ ] Traffic [ ] Crime [ ] CAD Notes

Sausalito Police Department Case/Incident Number: _____

DATE & TIME OF OCCURRENCE:	LOCATION OF INCIDENT:
NAME OF REQUESTOR/AGENCY:	PHONE NUMBER OF REQUESTOR:

PARTY OF INTEREST (CHECK ONE):

[ ] PERSON INVOLVED
Driver, Passenger, Pedestrian, or Victim

[ ] REPRESENTATIVE OF INSURANCE COMPANY OR INSURANCE ADJUSTING AGENCY

[ ] PROPERTY OWNER

[ ] ATTORNEY

[ ] AUTHORIZED INDIVIDUAL
(A signed authorization letter is required)

[ ] OTHER PARTY OF INTEREST (SPECIFY):
_____

[ ] PARENT OR GUARDIAN OF JUVENILE
_____

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 report recorded hereon.

☐ **Photo ID Checked** **SIGNATURE:** _____