

APPLICATION FOR RELEASE OF INFORMATION
SAUSALITO POLICE DEPARTMENT

29 Caledonia Street | Sausalito CA 94965

DATE OF REQUEST:

DATE & TIME OF OCCURRENCE:

TYPE OF REPORT:

- Crime Report
- Traffic Accident

REPORT NUMBER:

LOCATION OF INCIDENT:

NAME OF DRIVER OR PROPERTY OWNER:

NAME OF APPLICANT / AGENCY:

PHONE NUMBER OF APPLICANT:

PARTY OF INTEREST (PLEASE 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 PARTY

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.

SIGNATURE: _____

