



# TRACY POLICE DEPARTMENT REQUEST FOR REPORT

**REPORT #** \_\_\_\_\_ **TYPE OF REPORT: TRAFFIC / CRIME**

**DATE/TIME OF OCCURRENCE:** \_\_\_\_\_

**LOCATION OF OCCURRENCE:** \_\_\_\_\_

**NAME OF VICTIM/DRIVER/PROPERTY OWNER:** \_\_\_\_\_

**NAME OF PERSON REQUESTING REPORT:** \_\_\_\_\_

**COMPANY (IF APPLICABLE):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_

**APPLICANT: Please read before signing**

The Public Records Act requires that specific information be released unless the release would endanger the safety of a person or endanger the successful completion of an investigation. Under Government Code – Section 7922.530(a), any person may receive a copy of any identifiable, non-exempt public record. Upon receiving this request, the Tracy Police Department will determine within ten (10) days whether or not the copy will be provided. All written requests are subject to review by the Support Operations Division Manager and the City Attorney.

- I declare under the penalty of perjury that: I am an Involved Person: **Driver, Passenger, Pedestrian, Victim, Property Owner, Parent/Guardian of Juvenile:** \_\_\_\_\_
- I represent: \_\_\_\_\_  I am the attorney/representative for a party of interest (signed authorization required): \_\_\_\_\_
- Other Party of Interest (Specify): \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**WE ARE RETURNING YOUR REQUEST FOR THE FOLLOWING REASON(S):**

- \_\_\_\_\_ We are unable to locate a report in our files from information provided.
- \_\_\_\_\_ The incident did not occur within our jurisdiction (city limits of Tracy).
- \_\_\_\_\_ We do not have a formal police report for this incident.
- \_\_\_\_\_ Other

**OFFICE USE ONLY:**

**Date Filled:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Receipt:** \_\_\_\_\_



# TRACY POLICE DEPARTMENT REQUEST FOR INFORMATION

INFORMATION REQUESTED: \_\_\_\_\_

AREA/LOCATION: \_\_\_\_\_

TIME FRAME: \_\_\_\_\_

NAME OF PROPERTY OWNER (if specific location): \_\_\_\_\_

NAME OF PERSON REQUESTING INFORMATION: \_\_\_\_\_

COMPANY (IF APPLICABLE): \_\_\_\_\_

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

DATE OF REQUEST: \_\_\_\_\_

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**APPLICANT:**

**Please read before signing**

The Public Records Act requires that specific information be released unless the release would endanger the safety of a person or endanger the successful completion of an investigation. Under Government Code - Section 7922.530(a), any person may receive a copy of any identifiable, non-exempt public record. Upon receiving this request, the Tracy Police Department will determine within ten (10) days whether or not the copy will be provided. All requests are subject to review by the Support Operations Division Manager and the City Attorney.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

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WE ARE RETURNING YOUR REQUEST FOR THE FOLLOWING REASON(S):

\_\_\_\_ We are unable to locate any information in our files.

\_\_\_\_ Other: \_\_\_\_\_

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OFFICE USE ONLY:

Date Filled: \_\_\_\_\_ By: \_\_\_\_\_ Receipt: \_\_\_\_\_