



**Santa Rosa Police Department**

**Report#** \_\_\_\_\_

**REQUEST FOR INSPECTION OR COPY OF PUBLIC RECORD**

**REPORT COPIES \$2 - CALLS FOR SERVICE \$2 - STATISTICS REPORT \$10**

SRPD will respond to a Request for Inspection or Copy of Public Record within ten (10) days, and may extend the time to respond another fourteen (14) days. The response will notify you if the record does not exist. If the record does exist, the response will notify you whether the record is disclosable to you, or whether part or all of the record is exempt from disclosure. In some cases, the response may notify you that you must bear the full cost if SRPD must compile records or extract information from an electronic record or undertake programming to satisfy your Request.

If all or part of the record(s) you request is disclosable to you, you may inspect it at the Santa Rosa Police Department during normal business hours at no cost. If all or part of the record(s) you request is disclosable to you, you may order a copy of the record by pre-paying the direct cost of duplication to the SRPD.

**REQUESTOR'S INFORMATION**

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

When the report is ready (check one):

- I will inspect the Record(s) at SRPD
- Please mail
- I will pick a copy of the Record(s) up it up at SRPD

**INCIDENT/INVESTIGATION INFORMATION**

Type of Incident:  Crime  Collision  Calls For Service  Statistics Report  Other \_\_\_\_\_

Report # (if known) \_\_\_\_\_ Date Of Report \_\_\_\_\_ Time Of Report \_\_\_\_\_ am/pm

Name of person Involved (if different than Requestor): \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Location Of Incident \_\_\_\_\_

**CERTIFICATION**

Members of the public may submit a Request for Inspection or Copy of Public Record. Additional laws may permit some Requestors with legally defined status to obtain more information. If you wish for your legally defined status to be considered by SRPD in its response and disclosure, please provide the following certification:

I declare under penalty of perjury that I am:

- The individual named in the record requested (driver, passenger, pedestrian, victim).
- The property owner in the record(s) requested.
- The parent/guardian of a juvenile or conserved adult who is a party or witness in the record(s) requested.
- An authorized individual by a party in the record (signed authorization is required and shall be attached to the Request).
- A representative of insurance company or insurance adjusting agency in the record requested.
- The attorney of the individual named in the record (signed authorization required and shall be attached to the Request).
- Other (specify) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-OVER-

Requestor's Name \_\_\_\_\_

Report # \_\_\_\_\_ Date of Request \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY**

Received by/Date \_\_\_\_\_

Processed by/Date \_\_\_\_\_

Picked Up     Mailed    Paid by:  Cash     Check     Credit Card

Denied by/Date \_\_\_\_\_

Record is held by another agency

Record is exempt and non-disclosable

Incident is subject of an open investigation and/or prosecution

Insufficient information to locate report

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

