

# SANTA MONICA POLICE DEPARTMENT

## APPLICATION FOR RELEASE OF LAW ENFORCEMENT RECORDS

### PART 1 - Public/Victim Request for Crime Report Information (6254(F) G.C.)

DATE AND TIME OF OCCURRENCE	TYPE OF REPORT / RECORD: <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Crime <input type="checkbox"/> Calls for Service <input type="checkbox"/> Other	REPORT NUMBER (IF KNOWN):
CALLS FOR SERVICE (CFS) ADDRESS / LOCATION DATABASE SEARCH		CALLS FOR SERVICE (CFS) DATE RANGE DATABASE SEARCH
LOCATION OF INCIDENT:	NAME(S) OF DRIVERS/VICTIMS/PARTIES INVOLVED	
NAME OF APPLICANT/COMPANY REQUESTING REPORT:	MAILING ADDRESS/PLEASE PRINT CLEARLY (STREET, APT #, CITY, STATE, ZIP CODE)	
E-MAIL ADDRESS:		
HOME PHONE NUMBER:		
PARTY OF INTEREST (PLEASE CHECK ONE):		
<input type="checkbox"/> INVOLVED DRIVER/PASSENGER/PEDESTRIAN/VICTIM <input type="checkbox"/> ATTORNEY OF RECORD ***		
<input type="checkbox"/> DAMAGED PROPERTY OWNER <input type="checkbox"/> OTHER AUTHORIZED REPRESENTATIVE ***		
<input type="checkbox"/> PARENT/GUARDIAN OF JUVENILE PARTY <input type="checkbox"/> LAW ENFORCEMENT AGENCY		
<input type="checkbox"/> INSURANCE COMPANY OR CLAIMS ADJUSTER *** <input type="checkbox"/> OTHER PARTY WITH LEGAL CLAIM/LIABILITY ***		
<b>***NOTE: AUTHORIZED AGENTS MUST PROVIDE A SIGNED DECLARATION FROM THEIR CLIENT AUTHORIZING RELEASE OF DOCUMENT(S).***</b>		
<b>CERTIFICATION: I DECLARE UNDER PENALTY OF PERJURY THAT I AM THE PARTY OF INTEREST IDENTIFIED ABOVE:</b>		
SIGNATURE: _____		DATE: _____
PRINT NAME: _____		

**IMPORTANT NOTE: EACH PAGE OF A REPORT COSTS \$1.00. THE PROCESSING PERIOD FOR MAILING OUT YOUR REQUEST CAN TAKE UP TO 10 BUSINESS DAYS FROM THE DATE YOU MADE THE REQUEST (WEEKENDS AND HOLIDAYS ARE NOT INCLUDED IN THE PROCESSING TIME). ALL REQUEST ARE MAILED BACK TO THE PERSON REQUESTING THE REPORT. CFS/DATABASE SEARCHES COST A MINIMUM OF \$141.81.**

**PLEASE INCLUDE A REQUIRED FEE OF \$2.00 IF YOU ARE REQUESTING A CRIME REPORT, OR A FEE OF \$3.00 IF YOU ARE REQUESTING A TRAFFIC ACCIDENT REPORT. ADDITIONAL FEES MAY APPLY.**

### PART 2 - Criminal Justice Agency Request for Local Criminal History (13300 P. C.)

SUBJECT'S NAME/DOB: _____	REQUESTING AGENCY NAME AND CASE NUMBER _____
REASON: <input type="checkbox"/> CRIMINAL INVESTIGATION <input type="checkbox"/> BACKGROUND <input type="checkbox"/> OTHER (SPECIFY) _____	
<b>CERTIFICATION: I DECLARE UNDER PENALTY OF PERJURY THAT I AM A DULY AUTHORIZED REPRESENTATIVE OF THE CRIMINAL JUSTICE AGENCY INDICATED ABOVE, AND THAT THE REQUESTED RECORDS ARE NEEDED FOR OFFICIAL LAW ENFORCEMENT PURPOSES.</b>	
SIGNATURE: _____ DATE: _____	
PRINT NAME: _____	

#### ***FOR OFFICE USE ONLY***

REQUEST RECEIVED BY: _____	<u>RELEASABLE</u>
RECEIPT: <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK # _____	
AMOUNT COLLECTED: _____	<input type="checkbox"/> NO: REASON: _____
EMPLOYEE INITIAL: _____ SERIAL # _____	<input type="checkbox"/> YES: PER: _____
DATE MAILED: _____	I. D. PROVIDED: _____
MAILED BY: _____	COUNTER PICK-UP: <input type="checkbox"/> YES <input type="checkbox"/> NO    DATE: _____