



**CLAYTON POLICE DEPARTMENT**

6000 Heritage Trail  
Clayton, California 94517  
Telephone (925) 673-7350

**REQUEST FOR COPY OF POLICE REPORT**

REPORT NUMBER \_\_\_\_\_ TYPE OF REPORT \_\_\_\_\_

PLACE OF OCCURRENCE \_\_\_\_\_ DATE OCCURRED \_\_\_\_\_

INVOLVED PERSONS \_\_\_\_\_

WHAT IS YOUR INTEREST IN THE REPORT? VICTIM \_\_\_\_ ATTORNEY \_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PARENT/GUARDIAN OF JUVENILE \_\_\_\_\_

AUTHORIZED INDIVIDUAL \_\_ INSURANCE COMPANY/REPRESENTATIVE \_\_  
(Signed authorization required)

I declare under the penalty of perjury that I am or represent the party of interest identified in the report I am requesting a copy of. I further state that information released will not be used to harass or humiliate any person; or used for any employment or related purposes. I agree to indemnify the **Clayton Police Department** for any liability arising out of improper use of the information provided. Dissemination of arrest information is controlled by law.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

Do Not Write Below This Line

REQUEST RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

REQUEST APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

REQUEST DENIED BY \_\_\_\_\_ DATE \_\_\_\_\_

REASON DENIED \_\_\_\_\_

HAVE REQUESTOR CALL RECORDS SUPERVISOR FOR DISCUSSION \_\_ YES \_\_ NO

DATE REQUEST RECEIVED \_\_\_\_\_ DATE PROVIDED \_\_\_\_\_

NUMBER OF PAGES RELEASED \_\_\_\_\_ DATE MAILED \_\_\_\_\_