

COVINA POLICE DEPARTMENT
APPLICATION FOR RELEASE OF INFORMATION

Report #

Name of applicant: _____ Agency: _____
(PLEASE PRINT)

Home address: _____ Home telephone: _____

Work address: _____ Work telephone: _____

Requested Information:

Date/Time of incident: _____ Location: _____

Report Type: (Please check one)

- Arrest Report Traffic Collision *Current arrest info./booking sheet
 Crime report DV Report Incident report/Call for Service
 Other _____ Photos

Party of Interest: (Please check one)

- | | |
|---|---|
| <p><input type="checkbox"/> Victim named in document(s) requested</p> <p><input type="checkbox"/> Driver, passenger, or pedestrian involved in traffic collision report requested.</p> <p><input type="checkbox"/> Arrestee</p> <p><input type="checkbox"/> Witness</p> <p><input type="checkbox"/> Reporting party</p> <p><input type="checkbox"/> Insurance company representing subject of record (claim # _____)</p> <p><input type="checkbox"/> Parent/guardian of juvenile.</p> | <p><input type="checkbox"/> Attorney for: _____ (authorization required)</p> <p><input type="checkbox"/> Law Enforcement Officer conducting criminal investigation Case No. _____</p> <p><input type="checkbox"/> Property owner</p> <p><input type="checkbox"/> Authorized individual (signed authorization required)</p> <p><input type="checkbox"/> Other party of interest. (specify) _____ _____ _____</p> |
|---|---|

I declare under the penalty of perjury that I am the party of interest identified above. I am NOT a suspect in this case.
*If I am seeking arrest information, I declare that I am a licensed private investigator or will use the information for scholarly, journalistic, political or **governmental purposes ONLY**, per Government Code 6254(f)(3). The information **SHALL NOT** be used directly or indirectly to sell a product or service to anyone.

Signature _____ Date: _____

Booking sheet and/or Dispo (OFFICE USE ONLY)
 Complete report released.
 Redacted copy released. - Redacted: _____
 Arrest summary (_____ to _____) Comments or reason for denial: _____
 Denied _____
 I D Type: _____
 ID Number: _____ Released By: _____
Date: _____ Amount: \$ _____ Receipt #: _____