

Police Department

2600 Fifth Street - Davis, California 95618-7718
Business: (530) 747-5400 - Fax: (530) 757-7102 - TDD: (530) 757-5666
Administration: (530) 747-5405 - Investigations: (530) 747-5430



REPORT COPY REQUEST FORM

<u>Date and Time of Occurrence:</u>	<u>Case Number:</u>
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<u>Type of Report:</u> [] Traffic Collision/Accident [] Other	<u>Was Anyone Arrested:</u> [] Yes [] No (If you are the arrestee in this case you <u>may</u> need to make your request Directly with the District Attorney's Office.)
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Location of Incident:

<u>Name of Applicant :</u>	<u>Parties Involved If Different Than Applicant:</u>
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<u>Applicant's Mailing Address:</u> _____ _____ _____	Phone Numbers: Home (____)_____ Work (____)_____ Cell (____)_____
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Party of Interest (Please Check One):

[] Person Involved [] Representative of Insurance Company or Insurance Adjusting Agency

[] Property Owner [] Attorney

[] Authorized Individual (Signed Authorization is Required) [] Other Party of Interest (Specify) _____

[] Parent / Guardian of Juvenile Party _____

CERTIFICATION:
I declare under penalty of perjury that I am a party of interest in the report recorded hereon.

Signature: _____ Date of Application: _____

How would you prefer to receive the report? Mailed: Called for pickup:

**** PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED ID.**

ID VERIFIED- # _____ / DISPO IF REQUEST DENIED: _____

Received By: _____