



Santa Rosa Police Department

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):	
<input type="checkbox"/> I will inspect the Record(s) at SRPD <input type="checkbox"/> Please mail <input type="checkbox"/> I will pick a copy of the Record(s) up it up at SRPD	
INCIDENT/INVESTIGATION INFORMATION	
Type of Incident: <input type="checkbox"/> Crime <input type="checkbox"/> Collision <input type="checkbox"/> Calls For Service <input type="checkbox"/> Statistics Report <input type="checkbox"/> 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:	
<input type="checkbox"/> The individual named in the record requested (driver, passenger, pedestrian, victim).	
<input type="checkbox"/> The property owner in the record(s) requested.	
<input type="checkbox"/> The parent/guardian of a juvenile or conserved adult who is a party or witness in the record(s) requested.	
<input type="checkbox"/> An authorized individual by a party in the record (signed authorization is required and shall be attached to the Request).	
<input type="checkbox"/> A representative of insurance company or insurance adjusting agency in the record requested.	
<input type="checkbox"/> The attorney of the individual named in the record (signed authorization required and shall be attached to the Request).	
<input type="checkbox"/> 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 _____

