

Request for Police Report

Brisbane Police Department

Records Division

50 Park Place

Brisbane, CA 94005

Phone: (415) 508-2179 Fax (415) 468-2233

Request Date: _____ Report Number: _____

Name of Requestor: _____

Mailing Address: _____

Day time phone number: (____) _____

How are you involved with this case?

Victim Property Owner Driver Authorized Individual Other: _____

Date of incident: _____ Location: _____

Please state the reason for this request: _____

Please read the following certification carefully before signing.

CERTIFICATION

I certify under the penalty of perjury that the information released hereunder will be used solely for the specific purpose noted above. The information will not be used to harass, degrade or humiliate any person, nor for any employment or related purpose. I further certify as to the need to fulfill official duties and obligations of my office and hereby agree to defend and indemnify the Brisbane Police Department for any liability arising out of improper use of the information provided.

Requestor Signature: _____ Date: _____

Official Use Only:

Request Approved/Denied By: _____ Date: _____

Request Denied for the following reason(s):

Case forwarded to DA's office Juvenile Matter On-going Investigation

Other: _____