



GRASS VALLEY POLICE DEPARTMENT

129 S. Auburn Street • Grass Valley, CA 95945
(530) 477-4600 main • (530) 274-4329 fax

RECORDS REQUEST FORM

To expedite your request please complete this form to the best of your knowledge. You will be requested to show a picture ID or proof of representation. You will be advised by phone when the report is available for pickup. Requests may be sent to: **FAX (530) 274-4329** or **records@gvpd.net**

NOTE: Per 7922.535(a) GC we will respond to your request within 10 days.

(PLEASE PRINT)

Date of Request: _____ Requested by: _____
Mailing Address: _____ Telephone: _____

1.) Report Request

(NOTE: Requests for Arrest Reports must be made from the District Attorney's Office.)

Report #: _____ Date/Time of Incident: _____
Location: _____

Type of Report: Traffic Collision Crime Report Incident Report

Please identify yourself by completing one of the following:

- a.) Person mentioned in the report: Victim Suspect Driver
 Other _____
- b.) Insurance representative: _____
- c.) Legal representative for: _____
- d.) Parent or Legal guardian for: _____
- e.) Other party of interest: (Specify) _____

2.) Address Research/Other Information

Information Requested:

Time Period From: _____ To: _____

Address: _____

CERTIFICATION: I declare under penalty of perjury that I am:

(Signature)

Amount Paid: _____ Check Cash ID Verified
 Received By: _____ Date: _____
 Complete By: _____ Date: _____
 Notified By: _____ Date: _____