



SADDLEBACK COLLEGE POLICE DEPARTMENT



APPLICATION FOR RELEASE OF INFORMATION

Hours: M-Th 8:00 a.m. to 6:00 p.m. Telephone Number (949) 582-4585

Your request will be processed within 10 business days. Pursuant to California Vehicle Code (CVC) 20012 and Government Code Section 6250- 6265, not all information is releasable to the public.

Section 1

Date and Time of Occurrence: _____ Type of Report: Traffic Collision

Case Number (If Known): _____ Crime

Incident (Please check one)

Name of Requester: _____

Contact Number: _____

Mailing Address: _____

Name of Applicant/Agency: _____

Section 2

PARTY OF INTEREST (Please Check One)

Driver, Passenger, Pedestrian or Victim Property Owner Attorney

Authorized Individual (Signed Authorization is Required) Representative of Insurance

Other Party of Interest (Specify): _____ Company or Insurance Adjusting

Parent/Guardian of Juvenile Party

Section 3

CERTIFICATION (Please Check One)

I declare under the penalty of perjury that: I am I represent

I am an attorney representing the party of interest.

Signature _____ Date: _____

Official use: Accountability Tracking for Information Released: Whenever a report is approved for release, authorized personnel shall stamp this form and each page of the report.

The original completed Release of Information form shall be filed with the original report.

Approved: Denied: Date: _____

By: _____

