

TUSTIN POLICE DEPARTMENT
300 Centennial Way
Tustin, CA 92780
(714) 573-3200

APPLICATION FOR RELEASE OF INFORMATION

TODAY'S DATE _____ POLICE REPORT NUMBER: _____

NAME OF PERSON INVOLVED IN REPORT: _____

LOCATION OF INCIDENT: _____

DATE REPORTED: _____ DATE OF INCIDENT: _____

YOUR FULL NAME: _____ PHONE: _____

CHECK ONE OF THE FOLLOWING BOXES:

- VICTIM: (IF MINOR, PARENT OR GUARDIAN)
- PRESS: (NAME OF ORGANIZATION)
- PARTY ACCUSED OF CRIME
- PERSON MENTIONED IN REPORT
- OWNER OF DAMAGED PROPERTY
- INSURANCE CARRIER: (NAME OF COMPANY) _____

EXPLAIN REASON FOR REQUESTING REPORT: _____

SIGNATURE: _____

I declare under penalty of perjury that I am the party of interest as checked above and I have not been arrested for nor am I a defendant in any criminal action involving any victim(s) or witness(es) contained within the information requested and that any information obtained pursuant to this request shall not be used directly or indirectly to sell a product or service to any individual or group of individuals.

FOR POLICE DEPARTMENT USE ONLY:

- REPORT RELEASED
- REPORT DENIED

REASON FOR DENIAL:

- G.C. 6254(f): Disclosure would endanger person or successful completion of the investigation
- W.I.C. 827: Juvenile Court has authority to release juvenile record information to third parties.
- P.C. 1 054.5(b): Disclosure or production of information in a criminal case must be requested of opposing counsel.
- OTHER: _____

APPLICATION RECEIVED BY: _____
CDL / ID# OF REQUESTOR: _____
ID VERIFIED BY: _____
RECEIVED VIA MAIL: _____
PROCESSED BY: _____ DATE: _____
DATE RELEASED: _____ BY P#: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

Notes: _____