



SANTA BARBARA POLICE DEPARTMENT REQUEST FOR REPORT

215 E. Figueroa Street, Santa Barbara, CA 93101
805-897-2355 805-897-2434 (fax)



POLICE PERSONNEL HAVE THE RIGHT TO REFUSE ACCESS TO RECORDS IF THE REQUESTOR DOES NOT SATISFACTORILY ESTABLISH THEIR IDENTITY AND/OR THE RIGHT TO ACCESS SUCH RECORDS (California Government Code Section 6254(f)). CASES REFERRED TO THE DISTRICT ATTORNEY'S OFFICE THAT ARE UNDER REVIEW AND NOT DISPOSITIONED WILL NOT BE RELEASED THROUGH THE POLICE DEPARTMENT. CASES CURRENTLY UNDER INVESTIGATION BY SBPD WILL NOT BE RELEASED.

Case # _____ [] Traffic Collision [] Crime Report [] Arrest Report

Requestor Name/Agency and Phone Number: _____

To receive a report via email in lieu of a hard copy, please provide an email address. A confirmation email will be sent prior to the email with your report, you must respond to the email with the password to receive the report via email:

Please check Report Return option:

Email Fax Mail In Person at SBPD _____

If case number is unknown, provide the following information:

Name(s) of Person(s) involved (if other than requestor) _____

Date/Time of Incident _____

Location of Incident _____

I DECLARE UNDER PENALTY OF PERJURY (California Penal Code Section 118(a)) THAT (Check one):

[] I CERTIFY THAT I AM THE PARTY OF INTEREST INDICATED BELOW

[] I REPRESENT THE PARTY OF INTEREST (signed waiver required)

TRAFFIC COLLISION (California Vehicle Code Section 20012)

[] Driver [] Insurance Agent
[] Injured Party [] Attorney for Involved Party
[] Vehicle Owner [] Parent of Juvenile Involved Party
[] Owner of Damaged Property [] Other _____

CRIME:

[] Victim [] Parent/Guardian of Victim
[] Insurance Agent [] Attorney of Victim
[] Representative for Law Enforcement/Criminal Justice Agency: Name _____
[] Other _____

ARREST:

[] Defendant (Closed/Adjudicated Cases Only) [] Attorney for Defendant
[] Parent/Guardian for Defendant [] General Public (full report not available)
[] Representative for Law Enforcement/Criminal Justice Agency: _____
[] Other _____

The signatory below takes full responsibility for the information received and will incur all penalties for dissemination of the report and information received to any unauthorized person(s). I agree to pay for all applicable fees and charges for records I have requested (20 cents per printed page)

Signature _____

Date _____

Records Use Only

Request Received: **Date:** _____ **By:** _____ **ID#** _____
Identification confirmed: **YES or NO** **Date:** _____ **By:** _____ **ID#** _____
Email address confirmed: **YES or NO** **Date:** _____ **By:** _____ **ID#** _____
Received reply with password: **Yes or No** **Date:** _____ **By:** _____ **ID#** _____
Released: **Email, Fax, Mail or Counter** **Date:** _____ **By:** _____ **ID#** _____
Denied: **Date:** _____ **By:** _____ **ID#** _____ **REASON:** _____
Supervisor Ext. Date: _____ **Supervisor ID#:** _____