

Fremont Police Department, 2000 Stevenson Boulevard, Fremont CA 94538 RECORDS UNIT PHONE 510-790-6860 FAX 510-790-6831

APPLICATION FOR RELEASE OF INFORMATION

*** PER GOVERNMENT CODE SECTION 6253 YOUR REQUEST COULD TAKE 10 DAYS ***

Type of Report:	Report Number:
☐ Traffic Collision ☐ Crime	
INFORMATION REQUESTED BY:	DATE REQUESTED:
Name	_ CERTIFICATION
Address:	_ I declare under the penalty of perjury that
	_ I am / I represent:
Phone Number	(Person named in Report)
(w)	_ SIGNED:
(h)	
Why do you need a copy?	
PARTY OF INTEREST (Please Check One	e)
Person Involved: Driver, Passenger, Pedestrian, or Victim	Representative of Insurance Company or Insurance Adjusting Agency Name of Company:
☐ Property Owner	
Authorized Individual (Signed Authorization is Required)	Attorney: Name of Firm:
☐ Parent / Guardian of Juvenile Party	☐ Other Party of Interest (Specify)
IF REPORT NUMBER IS NOT KNOWN, PLEAS	SE COMPLETE:
Date and time of Occurrence:	Location of Incident:
Name of Person on the Report:	Date of Birth:
Vehicle License Plate / Vehicle ID Number:	
Officer's Name or Badge Number:	
FOR DEI	PARTMENTAL USE ONLY
Approved By: Denied By:	Sold By:
Date Sold:Amount:	cashcheck# other
REMARKS:	
Driver's License Number:	
□ CONFIDENTIAL INFORMATION HAS BEEN OBL	LITERATED IN ACCORDANCE WITH SECTION 6254(F) OF THE CALIFORN
PUBLIC RECORDS ACT OR THE TNG ORDER	OF ALAMEDA COUNTY SUPERIOR COURT / JUVENILE DIVISION.

REPORT NUMBER _____