



JACKSON POLICE DEPARTMENT

CHRISTOPHER MYNDERUP, Chief of Police • 33 -D Broadway • Jackson, CA. 95642 • 209/223-1771

REQUEST FOR COPY OF POLICE REPORT

1. TYPE OF REPORT Crime _____ Traffic _____	2. DATE REPORTED _____/_____/_____	3. REPORT NUMBER _____ - _____
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4. PLACE OF OCCURRENCE: _____

5. INVOLVED PERSONS: _____

6. WHAT IS YOUR INTEREST IN THE REPORT?

- VICTIM PROPERTY OWNER PARENT/GUARDIAN OF JUVENILE
- AUTHORIZED INDIVIDUAL (*signed authorization required*) AUTHORIZED INDIVIDUAL
- ATTORNEY INSURANCE COMPANY OR REPRESENTATIVE
- OTHER _____

I declare under the penalty of perjury that I am or represent the party of interest identified in the report I am requesting a copy of. I further state that information released will not be used to harass or humiliate any person; or use for any employment or related purposes. I agree to indemnify the Jackson Police Department for any liability arising out of improper use of the information provided. Dissemination of arrest information is controlled by law.

PRINT NAME _____ DATE _____

ADDRESS _____ PHONE _____

SIGNATURE _____

- Allow 5-7 working days from time of incident before requesting report.
- A fee of \$10.00 for the first 5 pages and 25¢ for each additional page is payable at time of request.
- Crime reports may be released to the victim or authorized agent only.
- Traffic reports may be released to any person or owner involved in the accident or an authorized agent.
- Only reports or portions of reports authorized for release by Departmental General Orders will be released.
- Reports will be mailed after receipt of fee.
- Checks and/or money orders must be made payable to the CITY OF JACKSON.
- Allow 10 days for receipt of report.

OFFICE USE ONLY

Request received by _____	Date _____	
Request approved by _____	Date _____	Request Denied <input type="checkbox"/> Date _____
Reason Denied _____		
Amount Paid _____	Amount Due _____	Fees not Applicable <input type="checkbox"/>
Number of pages released _____ Date mailed _____		