Capitola Police Department
Public Records Act Request Form

In order to expedite your request please complete this form to the best of your knowledge and ability.

You will be required to show picture ID and/or proof of representation.

Requester may be notified by phone or mail when the requested information is available for pick-up.

Some reports and information are restricted and/or inaccessible.

Requested By: __________________________ Date: ___________________
Agency Represented/Company Name: ___________________________________________
Mailing Address: __________________________________________ Telephone #: ____________________

POLICE REPORT ☐ ARRESTATEE INFO ☐ CALLS FOR SERVICE* ☐
*If releasable, only summary information will be made available

(NOTE: Requests for Non-Adjudicated Crime/Arrestatee Reports must be made through the Santa Cruz County District Attorney’s Office (831) 454-2400)

Report or Incident #: __________ Date of Incident: __________ Location: ____________
Type of Report: Traffic Collision ☐ Crime Report ☐

Please identify yourself by completing one of the following:

a. Person mentioned in report: Driver ☐ Suspect ☐ Victim ☐ Other ☐ ________________
b. Insurance representative: _________________________________________________
c. Legal representative for: _________________________________________________
d. Parent or Legal guardian for: _______________________________________________
e. Other party of interest (specify): ____________________________________________

2. ADDRESS RESEARCH / OTHER INFORMATION ☐

Time Period: From ___________ To ___________ Address: _____________________________________
(Month/Year) (Month/Year)

Information requested: ____________________________________________________________________

3. BACKGROUND CHECK/CLEARANCE LETTER ☐

Name: __________________________________________ Date of Birth: ________________
Drivers License #: __________________ Purpose of Request: _______________________
Position Held/Applying For: ☐ Peace Officer ☐ Other ________________________________

CERTIFICATION: I declare under penalty of perjury that I am:

X __________________________
(Signature)

FOR OFFICE USE ONLY

AMOUNT PAID: $____________ FORM OF PAYMENT: ______________ ☐ PAID IN FULL

RECEIVED: ________________ BY: ________________ COMPLETED BY: ________________ MAILED: ________________
Date Date

NOTIFIED BY PHONE: ________________ Date / Time