



# Capitola Police Department Public Records Act Request Form



Completing this form to the best of your knowledge and ability will help expedite your request. Some requests require you to show picture ID and/or proof of representation.

Requester will be notified by phone or mail when 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 #: \_\_\_\_\_

ARREST INFO

Arrestee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Report Number: \_\_\_\_\_

CAD / DISPATCH "CALLS FOR SERVICE"

**\*\*When call for service information is releasable, only summary information will be made available.**

Incident #: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Time Period: From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

Other Information you would like searched: \_\_\_\_\_

BACKGROUND CHECK/CLEARANCE LETTER

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

AKA: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

*Background Check Certification: I declare under penalty of perjury that I am:*

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

COMPLETED BY: \_\_\_\_\_ / \_\_\_\_\_  
Initials/Badge# Date

NOTIFIED BY PHONE: \_\_\_\_\_  
Date / Time

MAILED: \_\_\_\_\_  
Date



Date Received Stamp & Badge #