



Capitola Police Department

Police Report Request



Name: _____

Address: _____
Street City State Zip

Contact Phone: _____ Capitola Police Report #: _____

Name of Party Listed in Report: _____

DOB: _____

If you do not have a case number, please complete the following:

Type of Incident: _____ Date & Time of Incident: _____

Address or Location: _____

If vehicle Involved: _____
License # State

If you are not named in this report, please state your interest in this incident:

I declare this statement to be true and correct:

_____ Signature
Print Name Clearly

Date Signed: _____

Note: The City of Capitola charges .25 cents a page for copies of police reports. All requests will be handled in the order received. You will be notified by telephone when your request is complete. Some reports are restricted or inaccessible.

Requests can be made in person or by mail:

Capitola Police Department
Attn: Records Division
422 Capitola Avenue
Capitola, CA 95010

Regular office hours for in person requests, Monday-Friday 8am-5pm, excluding holidays.
Please contact (831) 475-4242, during regular office hours if you have any questions.

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FOR OFFICE USE ONLY

REQUESTER DL/ID # _____

COMPLETED BY: _____ / _____
Initials/Badge# Date

NOTIFIED BY PHONE: _____



Date Received Stamp & Badge #