



**-REQUEST FOR POLICE REPORT-**

In Person or Mailed Requests To:

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

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Capitola Police Report #:** \_\_\_\_\_

Name of Party Listed in Report: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Your Interest In This Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Incident: \_\_\_\_\_

Date/Time of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Vehicle Involved: (License Plate Number / State) \_\_\_\_\_

I declare this statement to be true and correct:

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Signature

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

*Note: All requests for copies of police reports will be handled in the order they are received and will be delivered to requester in person or by mail when completed. Some reports are restricted and/or inaccessible.*

Requestor ID/DL: \_\_\_\_\_

RMS Signoff: \_\_\_\_\_

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