



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

ARRESTEE INFO

CALLS FOR SERVICE*

*If releasable, only summary information will be made available

(NOTE: Requests for Non-Adjudicated Crime/Arrestee 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