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 ________________ (Date) to ________________ (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: ______________________ / __________________ Date

Initials/Badge#

NOTIFIED BY PHONE: ______________________ Date / Time

MAILED: ______________________ Date

Date Received Stamp & Badge #