



DALY CITY POLICE DEPARTMENT APPLICATION FOR RELEASE OF INFORMATION

To assist us in expediting our response to your request, please provide the information requested below (please print legibly).

Date and Time of Occurrence:	Type of Report: <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Crime	Report Number (if known):
Location of Incident:		Name of Parties Involved: 1. _____ 2. _____
Name/Company:	Driver's License or Other ID:	Phone Number:
Address:		<input type="checkbox"/> Copy to be mailed to me <input type="checkbox"/> Call me when report is ready for pickup
Party of Interest: (Please check one) <input type="checkbox"/> Person Involved: (Driver, Passenger, Pedestrian or Victim) <input type="checkbox"/> Authorized Individual (signed authorization is required) <input type="checkbox"/> Property owner <input type="checkbox"/> Parent/Guardian of juvenile party <input type="checkbox"/> Representative of Insurance Company <input type="checkbox"/> Attorney <input type="checkbox"/> Other party of interest (specify):		
Certification: I declare under the penalty of perjury that <input type="checkbox"/> I am <input type="checkbox"/> I represent the party of interest identified in the report recorded hereon. <div style="text-align: right;"> Signature: _____ Date: _____ </div>		
(For Office Use Only) Information Released: <input type="checkbox"/> Full Case <input type="checkbox"/> Redacted Case (Attach Copy) <input type="checkbox"/> Other: Pages/Section		
Request Processed By:		Date Processed:
Front Desk Personnel Releasing Report:		Date Released:
Signature of person picking up report:		Driver's License or other ID of person picking up report: