



LINCOLN POLICE DEPARTMENT

770 7th Street
Lincoln, CA 95648
(916) 645-4040



APPLICATION FOR RELEASE OF INFORMATION (General Order A87-112, Section 112.8)

DATE: _____ REPORT NUMBER: _____

NAME OF SUSPECT/OFFENDER: _____

LOCATION OF OCCURRENCE: _____

DATE REPORTED: _____

STATUS OF REQUESTING PARTY (CHECK ONE):

- 1. VICTIM/PARENT OR GUARDIAN OF VICTIM
- 2. AUTHORIZED REPRESENTATIVE OF VICTIM
- 3. INSURANCE CARRIER
- 4. PERSON INVOLVED IN ACCIDENT
- 5. OWNER OF DAMAGED PROPERTY
- 6. PRESS
- 7. INTERESTED PARTY (SPECIFY BELOW)

I DECLARE, UNDER PENALTY OF PERJURY, THAT I AM THE PARTY OF INTEREST OR AN AUTHORIZED REPRESENTATIVE AS INDICATED ABOVE.

SIGNATURE

PRINT NAME

NAME OF COMPANY OR BUSINESS

STREET ADDRESS

CITY

STATE

ZIP CODE

(_____) _____
PHONE NUMBER

(_____) _____
WORK PHONE

All requests for copies of Police Reports/Public Records will be subject to the following:

1. All requests for Police Reports/Public Records will be made on a Lincoln Police Department Application of Release of Information Form which is available from the Clerk/Dispatcher.
2. Pursuant to the City of Lincoln Master Fee Schedule, fees for making a copy of a Police Report/Public Record shall be \$10. Additional charges apply for photos and audio tape reproduction.
3. Requested reports/records are subject to a processing time of ten (10) working days.

FOR RECORDS USE ONLY

REPORT NUMBER: _____ COPY RELEASED: DENIED:

REASON FOR DENIAL: _____

RELEASING PARTY'S SIGNATURE/BADGE NUMBER: _____

DATE RELEASED: _____ TIME RELEASED: _____

NUMBER OF PAGES: _____ FEE: \$ _____ CASH CHECK MONEY ORDER # _____