



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):

Victim / Parent or Guardian of Victim Insurance Carrier Owner of Damaged Property

Authorized Representative of Victim Person Involved in Accident Press

Interested Party (please specify) _____

TYPE OF REPORT: Vehicle Accident Report Crime / Incident Report

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

- | | |
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| 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 \$10.00. 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 # _____