



RIO VISTA POLICE DEPARTMENT

REPORT REQUEST

Report Number: _____ Type of Report: _____

Place of Occurrence: _____ Date of Occurrence: _____

Persons Involved: _____

WHAT IS YOUR INTEREST IN THIS REPORT?

- Victim Property Owner Parent/Guardian of Juvenile Attorney
 Insurance Company or Representative Authorized Individual (signed auth required)
 Other (specify): _____

I declare under the penalty of perjury that I am or represent the party of interest identified in the requested copy of the specified Rio Vista Police report. I further state that the information released will not be used to harass or humiliate any person or be used for any employment or related purposes. I agree to indemnify the City of Rio Vista, the Rio Vista Police Department and its employees against any liability arising out of improper uses of the information provided.

Dissemination of arrest information is controlled by law.

Print Name: _____ Address: _____

Signature: _____ Phone: _____

Date: _____

FOR POLICE DEPARTMENT USE ONLY

Request Received By: _____ Date: _____

Request Approved Denied By: _____ Date: _____

Reason Denied: _____

Have requestor call Supervisor.

FEES

Amount Paid: _____ Amount Due: _____ Fees not applicable

Number of Pages Released: _____ Date Released/Mailed: _____