

RIO VISTA POLICE DEPARTMENT

REPORT REQUEST

Report Number:	Туре	of Report:
Place of Occurrence:		Date of Occurrence:
Persons Involved:		
	WHAT IS YOUR INTE	EREST IN THIS REPORT?
() Insurance Company () Other (specify): I declare under the pen requested copy of the released will not be used the related purposes. I agree its employees against the related purposes.	or Representative () nalty of perjury that I are ne specified Rio Vista F sed to harass or humilia net to indemnify the City st any liability arising o	arent/Guardian of Juvenile () Attorney Authorized Individual (signed auth required) m or represent the party of interest identified in the Police report. I further state that the information ate any person or be used for any employment or y of Rio Vista, the Rio Vista Police Department and ut of improper uses of the information provided.
		_ Address:
Signature:		_ Phone:
Date:		_
FOR POLICE DEPARTMENT USE ONLY		
Request Received By:		Date:
Request ()Approved Reason Denied:	() Denied By:	Date:
) Have requestor call Su		TEEC
Amount Paid:		EES () Fees not applicable
	d: Date Released/Mailed:	