

**INGLEWOOD POLICE DEPARTMENT**

**REQUEST FOR RELEASE OF RECORDS INFORMATION**

APPLICANT'S NAME (LAST - FIRST - MIDDLE)

STREET ADDRESS, CITY, STATE AND ZIP CODE

**Type of report requested:**

- Traffic Collision                       Crime Report (theft, burglary, etc.)                       Arrest Report  
 Domestic Violence                       Identity Theft Report                       Other:

Today's Date	
Date / Time of Occurrence	
Location of Incident	
Name of Involved Party	
Reason for Request	

**I, the undersigned, request information regarding the incident described above because I am the: (please check only one box):**

- Person involved (driver, passenger, pedestrian, or victim)  
 Victim/representative of a domestic violence-related crime  
 Property owner  
 Parent/guardian of juvenile party  
 Authorized individual (signed authorization is required)  
 Representative of insurance company / insurance adjusting agency (Fill-in Company / Agency name below)  
  
 Attorney (please attach signed waiver by client authorizing release of information)  
 Other party of interest (specify)

**I declare, under penalty of perjury, that  I am,  I represent, or  I am an attorney representing the party of interest in the requested report (check one).**

SIGNATURE	DATE
TELEPHONE NUMBER, INCLUDING AREA CODE (    )	DRIVER'S LICENSE NUMBER & STATE

E-MAIL ADDRESS, IF YOU PREFER TO BE CONTACTED VIA E-MAIL FOR QUESTIONS REGARDING YOUR REQUEST.

**Department Use Only:**

RECEIVED BY:	REQUEST <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED BY:
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Fee Paid \$12.50    Other    None    Paid by Cash    Paid by Check    Paid by Visa M/C

DATE MAILED	INITIALS	DATE CALLED FOR PICKUP	INITIALS
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