



GREENFIELD POLICE DEPARTMENT

215 El Camino Real, P.O. Box 306
Greenfield, CA 93927
(831) 674-5111 FAX (831) 674-3747

REQUEST FOR REPORT COPY

DATE OF REQUEST: _____

NAME OF APPLICANT/AGENCY DEPT: _____

REASON: _____

TYPE OF REPORT:	DATE AND TIME OF OCCURRENCE:	REPORT NUMBER:
<input type="checkbox"/> Traffic Collision	_____ / _____	_____
<input type="checkbox"/> Crime		
<input type="checkbox"/> Incident or Other		

LOCATION OF OCCURRENCE: _____

NAME OF: DRIVER, VICTIM, SUSPECT, PARENT _____

D.O.B _____

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Person Involved: _____ Representative of Insurance Co.
Driver, Passenger, Pedestrian, or Victim

Property Owner _____ Attorney

Authorized Individual _____ Other Party of interest (specify)

Parent/Guardian of Juvenile Party _____

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I declare under the penalty of perjury that I am I represent I am an attorney representing..... the party of interest identified in the report recorded hereon.

Signature _____

Address _____ City _____ State _____ Zip _____

CONFIDENTIAL - REQUESTOR USE ONLY
TO BE DESTROYED OR RETURNED TO THE GREENFIELD
POLICE DEPARTMENT, RECORDS SECTION WHEN NO
LONGER REQUIRED.
INFORMATION WILL NOT BE RELEASED OR REPRODUCED
(SECTIONS 11140 - 11144 PC)

Date copy sent _____ By _____