

SANTA CLARA POLICE REQUEST FOR RECORD INFORMATION

Main: 408-615-4700
 Fax: 408-248-0276
 records@santaclaraca.gov

601 El Camino Real
 Santa Clara CA 95050

Report/Case #
 or Incident #:

INCIDENT INFORMATION	1	Type of Report (check one): <input type="checkbox"/> Traffic Collision Report <input type="checkbox"/> Crime Report <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Arrest Report <input type="checkbox"/> Other A juvenile is involved (refer to Juvenile Court)
	2	I am requesting the following: <input type="checkbox"/> Copy of Report <input type="checkbox"/> Calls for Service <input type="checkbox"/> Photos
	3	Report Information Date/Time Reported: _____ Location of Occurrence: _____ Suspect/Driver Name: _____ Victim/Driver Name: _____ Circumstances: _____

REQUESTOR CONTACT INFORMATION	4	I am the (check one): <input type="checkbox"/> Victim <input type="checkbox"/> Property Owner <input type="checkbox"/> Suspect <input type="checkbox"/> Insurance Rep. <input type="checkbox"/> Attorney Other: _____
	Name: _____	
	Company Name: _____	
	Address: _____	
	City, State, & Zip Code: _____	
	Home Phone #: _____	
	Cell Phone #: _____	

- * Reports are released in accordance with Government Code 6254. The Santa Clara Police Department may take up to **10 days** to respond to this request, but will strive to release reports as soon as possible.
- * Reports involving juveniles are released under statutes governed by the Santa Clara County Juvenile Court (T.N.G. vs. Superior Court 4 Cal.3d 767) and may take longer than 10 days to be released.
- * Report Release Hours: Monday-Friday 8:00 a.m. to 5:00 p.m.
- * Report cost: 20 cents each page. Photographs or information on CD/DVD: \$3 per CD/DVD

 Signature

 Date of Request

RECORDS USE ONLY	Received By/Date: _____	Reviewed By/Date Approved: _____	Released By / Date: _____
	Notes: _____	Denied: _____	# of Pages: _____
		PRA Letter: _____	Cost: \$