

LAKEPORT POLICE DEPARTMENT REQUEST FOR POLICE REPORT

2025 SOUTH MAIN STREET
LAKEPORT, CA 95453

TELEPHONE 707 263-5491
FAX 707 263-3846

PARTY OF INTEREST / REPRESENTATIVE REQUEST

Case # _____ Traffic Collision Crime Report Arrest Report

Requestor Name and Phone Number _____

Agency/Company _____

If case number is unknown, provide the following information:

Name(s) of Person(s) involved (if other than requestor) _____

Date/Time of Incident _____

Location of Incident _____

I DECLARE UNDER PENALTY OF PERJURY (Penal Code Section 118) THAT (Check one):

I CERTIFY THAT I AM THE PARTY OF INTEREST INDICATED BELOW

I REPRESENT THE PARTY OF INTEREST (signed waiver required)

TRAFFIC COLLISION (Section 20012 California Vehicle Code)

Driver Insurance Agent
 Injured Party Attorney for Involved Party
 Vehicle Owner Parent of Juvenile Involved Party
 Owner of Damaged Property Other _____

CRIME:

Victim Parent/Guardian of Victim
 Insurance Agent Attorney of Victim
 Representative for Law Enforcement/Criminal Justice Agency _____
 Other _____

ARREST:

Defendant Attorney for Defendant
 Parent/Guardian for Defendant Other _____
 Representative for Law Enforcement/Criminal Justice Agency _____

POLICE PERSONNEL HAVE THE RIGHT TO REFUSE ACCESS TO RECORDS IF THE REQUESTOR DOES NOT SATISFACTORILY ESTABLISH THEIR IDENTITY AND/OR THE RIGHT TO ACCESS SUCH RECORDS (section 6254(f) Government Code). CASES REFERRED TO THE DISTRICT ATTORNEY'S OFFICE THAT ARE UNDER REVIEW AND NOT DISPOSITIONED WILL NOT BE RELEASED THROUGH THE POLICE DEPARTMENT. THE LAKE COUNTY DISTRICT ATTORNEY'S OFFICE TELEPHONE NUMBER IS 707-263-2251. CASES CURRENTLY UNDER INVESTIGATION BY THE LAKEPORT POLICE DEPARTMENT WILL NOT BE RELEASED.

The signatory below takes full responsibility for the information received and will incur all penalties for dissemination of the report and information received to any unauthorized person(s).

I agree to pay for all applicable fees and charges for records I have requested. (10 cents per printed page)

Signature _____

Date _____

Records Use Only Request Received by (Name and I.D. Number): _____ Released by (Name and I.D. Number): _____
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