



LATHROP POLICE DEPARTMENT
 940 River Islands Parkway, Lathrop, CA 95330
 Main Phone: (209) 647-6400
 Records Email: records@ci.lathrop.ca.us

Stephen Sealy
 CHIEF OF POLICE

REPORT REQUEST FORM

Report #'s (Copies of reports)

Calls for Service Request (Print-Out of calls at location)
 Date range: From _____ To _____
 Location/Address: _____

The fee for a report is \$10.00 for the first 25 pages and .10 per page after. No fee for electronic copies.

Per Government Code Section 7922.535(a), each agency, upon request for a copy of records, shall determine within 10 days after the receipt of such request whether to comply with the request.

Name of Person Requesting Report: _____
 Date of Birth: _____ Date/Time reported: _____
 If for a Business, name of Business: _____
 Location of Occurrence: _____

STATUS OF REQUESTING PARTY (CHECK ONE):

- 1. VICTIM/PARENT OR GUARDIAN OF VICTIM
- 2. AUTHORIZED REPRESENTATIVE OF VICTIM
- 3. INSURANCE CARRIER
- 4. PERSON INVOLVED IN INCIDENT
- 5. OWNER OF DAMAGED/STOLEN PROPERTY
- 6. MEDIA
- 7. PARTY ACCUSED OF CRIME
- 8. INTERESTED PARTY (SPECIFY) _____

Are there any juveniles involved in the report? Yes or No

****REASON FOR REQUEST (BE SPECIFIC):** _____

****DISCLAIMER****
 All report requests MAY be reviewed by a Detective Supervisor or Community Service Supervisor prior to release.

I declare under penalty of perjury that I am the party of interest as checked above:

SIGNATURE: X _____ **DATE:** _____
 Daytime phone #: _____ Alt Phone #: _____
 Email Address: _____
 Address: _____