COVINA POLICE DEPARTMENT

APPLICATION FOR RELEASE OF INFORMATION

Report #

Name of applicant: _____ Agency: _____
(PLEASE PRINT)

Home address: _____ Home telephone: _____

Work address: _____ Work telephone: _____

Requested Information:

Date/Time of incident: _____ Location: _____

Report Type: (Please check one)

- ☐ Arrest Report
- ☐ Crime Report
- ☐ Other_____
- ☐ Traffic Collision
- ☐ DV Report
- ☐ *Current arrest info/Booking sheet
- ☐ Incident Report/Call for Service
- ☐ Photos

Party of Interest: (Please check one)

- ☐ Victim named in document(s) requested
- ☐ Driver, passenger, or pedestrian involved in traffic collision report requested.
- ☐ Arrestee
- ☐ Witness
- ☐ Reporting party
- ☐ Insurance company representing subject of record (claim # _____)
- ☐ Parent/guardian of juvenile
- ☐ Attorney for: _____(authorization required)
- ☐ Law Enforcement Officer conducting criminal investigation Case No. _____
- ☐ Property owner
- ☐ Authorized individual (signed authorization required)
- ☐ Other party of interest. (specify)

_____

_____

_____

I declare under the penalty of perjury that I am the party of interest identified above. I am NOT a suspect in this case.
*If I am seeking arrest information, I declare that I am a licensed private investigator or will use the information for scholarly, journalistic, political or **governmental purposes ONLY,** per Government Code 6254(f)(3). The information **SHALL NOT** be used directly or indirectly to sell a product or service to anyone.

Signature_____ Date:_____

- ☐ Booking Sheet and/or Dispo
- ☐ Complete Report Released.
- ☐ Redacted Copy Released. - Redacted: _____
- ☐ Arrest Summary (_____to _____)
- ☐ Denied
- ☐ I D Type:_____
- ☐ ID Number:_____

Investigations/Traffic Review:_____(OFFICE USE ONLY)

Processed By:_____

Comments:_____

_____

_____

Released By: _____

Date:_____ Amount: $_____ Receipt #, _____