

POLICE REPORT REQUEST FORM

Complete all four sections below and sign the form. Only one report request per form. Provide as much information as possible. This form may be delivered in person or mailed to the Angels Camp Police Department. Include a copy of your Photo ID and a \$15.67 payment made payable to the Angels Camp Police Department.

1. Your Name: _____
Physical Address: _____
Mailing Address: _____
Telephone: _____

2. Case Report Number: _____
Date of Incident: _____
Location of Incident: _____
Involved Person(s): _____

3. Please provide in complete detail your reason for requesting a copy of this report:

4. I certify that I am:
Named in the report: Check this box to certify that you are named in the requested report. _____
An Insurance Agent: _____
(Name of Company)
An Authorized Representative of: *(Signed Authorization is Required)* _____
(Person or Location Named in Report)
A Government Agency: _____
(Name of Agency)
Signature: _____ Date: _____
Driver License Number: _____ State: _____

