



ALBANY POLICE DEPARTMENT

PUBLIC RECORDS REQUEST

Completion of this form is voluntary but will help us assist you in making a focused and effective request that reasonably describes an identifiable record (Gov't Code §6253.1). A records request may take up to **10 days** to process (Gov't Code §6253). Records will only be held for **5 days** after date of notification.

Date of Request: _____

REQUESTOR INFORMATION

The information below is optional, but we must have a way to contact you regarding the status of your request.

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

When the records are available, please notify me by: Phone Mail E-mail Fax

| | |
|--|---------------------------|
| Type of Report: <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Crime | Report/Case Number: _____ |
|--|---------------------------|

PARTY OF INTEREST (Please Check One)

| | |
|---|---|
| <input type="checkbox"/> Person Involved: Driver, Passenger, Pedestrian, or Victim | <input type="checkbox"/> Representative of Insurance Company or Insurance Adjusting Agency Name of Company: _____ |
| <input type="checkbox"/> Property Owner | <input type="checkbox"/> Attorney Name of Firm: _____ |
| <input type="checkbox"/> Authorized Individual | <input type="checkbox"/> Other Party of Interest (specify) |
| <input type="checkbox"/> Parent/ Guardian of Juvenile Party | |

IF REPORT/CASE NUMBER IS NOT KNOWN PLEASE COMPLETE:

Date and time of Occurrence: _____ Location of Incident: _____

Name or Person on the Report: _____ Date of Birth: _____

Vehicle License Plate or VIN: _____

Other Information: _____

FOR DEPARTMENTAL USE ONLY

Record (check one): Released Redacted Release Denied

Reason for Denial: _____

Date: _____ Signature of Employee: _____