



LOS ALAMITOS POLICE DEPARTMENT
 3201 KATELLA AVE., LOS ALAMITOS, CA 90720
 (562) 431-2255 EXT. 402 BUSINESS (562) 431-6499 FAX
 (562) 594-7232 24 HOUR POLICE SERVICES

DATE OF REQUEST

REQUEST FOR POLICE RECORDS

RECORDS BEING REQUESTED

DATE OF INCIDENT	LOCATION OF INCIDENT	CASE NUMBER / LOG ITEM
DATE OF INCIDENT	LOCATION OF INCIDENT	CASE NUMBER / LOG ITEM
DATE OF INCIDENT	LOCATION OF INCIDENT	CASE NUMBER / LOG ITEM

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ADDRESS (STREET, ADDRESS, CITY, STATE, ZIP)			
HOME PHONE (INCLUDE AREA CODE)	BUSINESS PHONE (INCLUDE AREA CODE)	CELL PHONE (INCLUDE AREA CODE)	
DATE OF BIRTH	DRIVER'S LICENSE / IDENTIFICATION #	STATE OF ISSUE	
IF APPLICABLE, NAME OF BUSINESS / AGENCY REQUESTING			

APPLICANT INVOLVEMENT

<input type="checkbox"/> ATTORNEY*	<input type="checkbox"/> DRIVER	<input type="checkbox"/> INJURED	<input type="checkbox"/> INSURANCE*
<input type="checkbox"/> PARENT / GUARDIAN	<input type="checkbox"/> PAROLE / PROBATION	<input type="checkbox"/> PEACE OFFICER	<input type="checkbox"/> PROPERTY DAMAGE (PROPERTY OWNER)
<input type="checkbox"/> SUSPECT OF A CRIME	<input type="checkbox"/> VICTIM OF A CRIME	<input type="checkbox"/> OTHER: _____	

*ATTORNEY / INSURANCE REPRESENTATIVES - SEE REVERSE FOR FURTHER INFORMATION IN REGARDS TO AUTHORIZATION

INFORMATION REQUESTED

<input type="checkbox"/> ACCIDENT REPORT	<input type="checkbox"/> CRIME / INCIDENT REPORT	<input type="checkbox"/> OTHER (PLEASE SPECIFY): _____
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> LOG ITEM	_____

REASON FOR INFORMATION

<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> INSURANCE	<input type="checkbox"/> OTHER (PLEASE SPECIFY): _____
<input type="checkbox"/> COURT	<input type="checkbox"/> INVESTIGATION	_____

WHO INFORMATION IS BEING REQUESTED ON

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH
<input type="checkbox"/> IF SAME AS APPLICANT CHECK BOX	

AUTHORIZATION

I CERTIFY UNDER THE PENALTY OF PERJURY THAT . . . <input type="checkbox"/> I AM <u>OR</u> <input type="checkbox"/> I REPRESENT . . . THE PARTY OF INTEREST IDENTIFIED IN THE POLICE RECORD HEREON	
SIGNATURE:	DATE:

******* POLICE DEPARTMENT USE ONLY *******

REQUEST RECEIVED BY / ID #	DATE RECEIVED	ID COPIED & ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
REQUEST REVIEWED BY / ID #	DATE REVIEWED	REQUEST <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED REDACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
RELEASED BY / ID #	DATE	ID VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
		FEES PAID <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
		HOW INFORMATION RELEASED <input type="checkbox"/> IN PERSON <input type="checkbox"/> VIEWED <input type="checkbox"/> MAILED <input type="checkbox"/> FAXED
IF DENIED, HOW WAS APPLICANT ADVISED: <input type="checkbox"/> DISCLOSURE WOULD ENDANGER THE SUCCESSFUL COMPLETION OF THE INVESTIGATION <input type="checkbox"/> DISCLOSURE WOULD ENDANGER THE SAFETY OF AN INVOLVED PARTY <input type="checkbox"/> APPLICANT IS NOT AN "INVOLVED PARTY" <input type="checkbox"/> OTHER: _____		HOW WAS APPLICANT ADVISED OF DENIAL: <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> FAX

REQUEST FOR RELEASE OF POLICE RECORDS / INFORMATION

In order to consider your request for police department records, you must complete this form in full. *You are the Applicant*; please answer all questions as they pertain to you. Completing this application in full will help to reduce any unnecessary delays. **All requests are to be submitted without payment. The California Government Code §6256 allows 10 business days for all requests to be processed.** Whether your request is approved or denied, you will be notified. Upon approval for the record(s) that have been requested, you will be informed as to the fees due at the time the record(s) are picked up.

The following information outlines the laws that govern the release of police records. If you have any other questions or need to speak with someone in Records regarding this policy, please contact the Records Department at (562) 431-2255 x402, Monday - Friday, between the hours of 7:30 am - 4:30 pm.

NOTE: *If person(s) have been arrested in relation to a specific report, see the 'Arrest Reports' or 'Juvenile Reports' section.*

TRAFFIC ACCIDENT REPORTS

The California Vehicle Code, Section §20012, governs the release of Traffic Accident reports. If you are requesting a copy of a Traffic Accident report, you must be one of the following:

- "Involved Party" (driver(s), injured person(s), owner of damaged property)
- Guardian or conservator of an "Involved Party"
- Parent or guardian of a minor (driver(s), injured person(s), owner of damaged property)
- Authorized representative of an "Involved Party"
- Owner of a vehicle or property damaged by the accident
- Person who may incur civil liability as a result of the accident
- Attorney or insurance carrier who represents any of the above person(s)

NOTE: *Attorney / Insurance representatives are required to provide written authorization, signed by their client*

CRIME AND INCIDENT REPORTS

The California Government Code §6254 and 6254(f) govern the release of police reports/records. This section also identifies the following parties as those to whom a police agency is required to provide information:

- Victim
- Authorized representative of the victim (*signed and notarized authorization/waiver required*)
- Insurance carrier against which a claim has been or might be made
- Any person suffering bodily injury, property damage, or loss

However, this also precludes releasing any information or copies of a report if:

- Disclosure would endanger the safety of a person involved in the investigation
- Disclosure would endanger the successful completion of the investigation or a related investigation
- The name, address, and phone number of witness', confidential informants, or other persons
- The name, address, and phone number of a victim defined by California Penal Code §293, 293.5, and California Government Code §6254(f)(2): 220, 236.1, 261, 261.5, 262, 264, 264.1, 265, 266, 266a, 266b, 266c, 266e, 266f, 266j, 267, 269, 273a, 273d, 273.5, 285, 286, 288, 288a, 288.2, 288.3, 288.5, 288.7, 289, 422.6, 422.7, 422.75, 646.6, 647.9

ARREST REPORTS

The California Government Code, Section §6254(f) (1), governs the release of Arrest reports. Copies of an arrest report will only be released to the person arrested or his/her attorney (signed waiver required). This section also precludes releasing an arrest report if:

- Disclosure would endanger the safety of a person involved in the investigation
- Disclosure would endanger the successful completion of the investigation or a related investigation
- The arrest is a medical or similar detention and the disclosure would constitute an unwarranted invasion of personal privacy

NOTE: *Attorney's are required to provide written authorization for release of arrest reports (signed by their client)*

JUVENILE REPORTS AND CONTACTS

Juvenile information includes any document relating to juvenile contacts and/or arrests, even if court proceedings were not instituted, including records of temporary custody and detention of a minor. The release of juvenile information requires the express permission of the Orange County Juvenile Court Judge. A Juvenile Court Petition will be provided at your request.