



**Ukiah Police Department**  
Safety, Professionalism, Community Service

### Application for Record Information

Report # _____
Date of Incident: _____ Time: _____
Location of Incident: _____
Report Type: ( ) Accident ( ) Crime ( ) Call for service

300 Seminary Avenue  
Ukiah, CA 95482  
(707)463-6241

Personal Information (please print)

Phone Numbers:

\_\_\_\_\_  
Last Name First Name

Daytime: \_\_\_\_\_

\_\_\_\_\_  
Street Address

Evening: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Name of Person Involved (Driver, Passenger, Victim, Property Owner, etc.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I declare under the penalty of perjury that I am: ( ) The individual named ( ) The individual's Parent  
( ) The individual's Attorney ( ) An Insurance Agent ( ) Other: \_\_\_\_\_ representing part of interest in the report requested.

If "Other", please indicate the reason you believe that you are entitled to this information: \_\_\_\_\_

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of requesting party

Reviewed/Accepted by Records Clerk
_____ Date:

NOTE: YOUR REQUEST WILL BE PROCESSED WITHIN TEN (10) BUSINESS DAYS. A COPY OF THE REPORT WILL BE MAILED TO YOU OR YOU WILL BE CONTACTED BY MAIL OR PHONE IF FURTHER INFORMATION IS NEEDED TO PROCESS YOUR REQUEST OR IF YOUR REQUEST IS DENIED -GOVT. CODE SEC. 6253(c)

**DO NOT WRITE BELOW THIS LINE**

( ) Approved ( ) Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Reason for Denial:	( ) Report is not from this Agency	Identification # _____
	( ) Report is currently under investigation	
	( ) Report is excluded from public release	
	( ) Insufficient information to locate report	