

Chico Police Department Request for Information or Records

Date/Time of Request _____

CASE REPORT # _____
* Available 5 days from date of incident

CAD/LOG NUMBER _____
* Available 24-hours after incident

Name of Person on Report _____ DOB _____ CDL _____

Location of Incident _____ Date of Incident _____
Time of Incident _____

TYPE OF INFORMATION REQUESTED: (Check One)

- Theft/Burglary/Robbery
- Assault
- Traffic Accident
- Vandalism
- Arrest
- Other Specify _____

PARTY REQUESTING REPORT/INFORMATION: Check One

- Victim/Driver/Passenger/Pedestrian
- Property Owner/Vehicle Owner
- Parent or Guardian
- Attorney for _____
- Other Party of Interest (Specify) _____
- Insurance Company: _____
Claim # _____
- Representative of Law Enforcement or Criminal Justice Agency _____

REASON FOR REQUESTING REPORT/INFORMATION: (Check One)

- Insurance Claim
- Criminal Investigation
- Personal Records
- Other (Explain) _____
- Civil Action
- Parole/Probation Investigation

I certify the above information requested is necessary in the due administration of the laws and not for the purpose of assisting a private citizen in carrying on his personal interest or maliciously or uselessly harassing, degrading or humiliating any person. (1105 PC).

Requested By: _____ Drivers Lic # _____
(Signature)

Print NAME: _____ Phone # _____

ADDRESS _____ City _____ State _____
Zip _____

FAX # _____

Note: Chico Police Department's Records Personnel have the right to refuse access to Records (pursuant to 6254(f) GCS) if the requestor does not satisfactorily establish his/her identity and the right to access such records. Further, 6256 GCS allows our agency 10 days to respond from the date of request; however, our policy is to strive to provide the information in a timely manner. Most records are subject to a fee as established by the City of Chico Fee Schedule.

YOU MAY EXPEDITE YOUR REQUEST BY FAXING IT TO:

(530) 895-4994 attn: Records

If a fee is due, it must be paid before the information is released. We do not fax information to you without payment of fees.
Records Hours are Monday-Friday 8:30 am to 5:00 pm. (530) 897-4910.

To Be Completed by Records Personnel

- Copy Given/Pgs _____
 - Victim information omitted
- Denied (Reason) _____
- Referred to: _____
- Face Sheet/Property List Only Given
 - Victim Information Omitted
- Viewed Only
- Information Given (Describe) _____

Issuing Employee's Id# _____ Date: _____
Receipt # _____ Fee Due \$ _____

Comments: _____