

CITY OF GLENDORA POLICE DEPARTMENT 150 S. GLENDORA AVE., GLENDORA, CA 91741 (626) 914-8250

APPLICATION FOR RELEASE OF A POLICE REPORT/OTHER INFORMATION

	REI	PORT # (if	know	n)								
Date Occurred Location			n									
Traffic Accident	Traffic Accident Name of				f Driver							
Crime or Incident Name of				Victim								
Specify type of crime a	nd/or i nf o	ormation no	eeded	(dates	s, times, etc.):							
PERSON(S) INVOLVED, A REPRESENTATIVES OF INSU. REPORT. RELEASE OF PI GOVERNMENT CODE SECTION PLEASE NOTE THAT POLICE DOES NOT SATISFACTORILY	RANCE CO UBLIC REC ONS 6250-62 PERSONN	MPANIES, VICCORDS IS C 270. TEL HAVE TH	CTIM(S COVERE) OF CIED UN	RIME, ARE AUTHO DER THE CALIF REFUSE ACCESS	ORIZED FORNIA TO REC	TO REC PUBLIO ORDS II	EIVE C RI F TH	E A COPY ECORDS E REQUI	Y OF A ACT,		
THIS REQUEST SHALL BE PR § 6254(c)] <u>AND</u> <i>UPON PAYME</i> .						QUEST	[PER GC)VER	NMENT	CODE		
PLEASE COMPLETE THE SE	CCTIONS B	ELOW:										
This certifies I AM or I REPI and that I have a proper inter	_	eport as one o	of the fo	ollowin	(Name) g:							
Driver		Parent of Mino			Injured Party		Property/Vehicle					
Victim		Driver Parole/Probation			Attorney		Owner Authorized Ager			Agen		
Other (explain)	1 1				11001110							
Print Name Date				of Birth								
Address				City	Phone No. ()	Sta	ite	Zip			
Signature						Date						
		OFF	ICE U	SE ON	ILY							
INVESTIGATIONS: □ Av	ailable											
Investigator/Supervisor Sig	nature				Dat	e.						
INVESTIGATIONS:			Reas									
□ Not Available				□ Under Investigation								
Signature				 □ Need Subpoena □ Arrest Report Available at Court 								
Date				□ Report Not Complete								
RECORDS:								_				
Released by:)ate:							