



MONTEREY POLICE DEPARTMENT

**APPLICATION FOR RELEASE OF POLICE REPORT**

**INCIDENT INFORMATION**

Report Type:                     Traffic Collision                     Crime/Arrest                     Other

Case/Report Number: \_\_\_\_\_

Date of Occurrence (if known): \_\_\_\_\_

Location/Address of Incident: \_\_\_\_\_

**REQUESTOR INFORMATION**

Name and/or Agency: \_\_\_\_\_ Representing: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_  
(Include City/ST/Zip)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ ( \_\_\_\_\_)

Involvement:

Victim                     Suspect/Arrestee                     Driver

Insurance Company/Claims Adjuster                     Property Owner

Parent/Guardian of Juvenile Party                     Attorney

Authorized Representative                     Other Party of Interest:  
(Written Authorization is Required)                    (specify): \_\_\_\_\_

**CERTIFICATION**

I declare under the penalty of perjury that:  
(  I am ) (  I represent ) (  I am an attorney representing ) the party of interest identified in the record requested hereon.

Date/Time of Request: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY:**      Date/Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

ID Presented:  DL/ID    Passport    Other   Number: \_\_\_\_\_

Fee Collected:  Yes    No    FC6228 (DV) Exempt   Paid by:  Cash    Check/Money Order    Credit/Debit Card

Further Review Required:  No    Yes: Routed to: \_\_\_\_\_ **\*\*\*Do not collect fee if Yes\*\*\***

Review Determination:   Release    Approved    Denied by \_\_\_\_\_

Rev 2.27.16/F314