

MODESTO POLICE DEPARTMENT REQUEST TO INSPECT PUBLIC RECORDS

DO NOT USE THIS FORM TO REQUEST JUVENILE RECORDS

Records released Monday and Tuesday from 8am to 5pm, and Wednesday and Thursday, from 8am to 6pm.

Copy Cost: 10 cents per page, plus tax. Photographs: \$10 service charge.

		Modesto Police Case Number:
I hereby request all records or docu	ıments concerning the iı	ncident described below for the following purposes:
Check all that apply: ☐ Insurance	☐ Attorney ☐	Personal/Other (explain):
Type of Record: ☐ Arrest ☐	Traffic Vandalism	\square Burglary/Theft \square Domestic Violence \square Other
Details of Incident: (answer all th	nat are applicable)	
Date/Time Reported:		Location:
Reporting Person:		Suspect:
Victim:	Driver:	
Requestor:		
☐ Insurance ☐ Attorney ☐ Vi	ctim Traffic	Injured \square Property Owner \square Arrested \square Other
For:		Your Name:
Claim/Court No.:		Date of Birth:
Company/Firm:		Driver's License No.:
Business Address:		Residence Address:
Phone:		Phone:
If the report needs approval befo	ore releasing, I will be	notified within ten (10) days. (Initial Here)
SIGNATURE:		DATE OF REQUEST:
RECORDS STAFF USE ONLY:		
Accepted By:	Date:	Notified By: ☐ Phone or ☐ Mail (select one)
Supervisor Review:	Date:	By:Date:
, ,	Date:	Number of Pages Released: Or: □ PRA Letter / □ Exempt (F) / □ Exempt C