



Monterey County Sheriff's Office
 1414 Natividad Road
 Salinas, CA 93906
 831-755-3700



¹REQUEST FOR RELEASE OF INFORMATION

CIRCLE TYPE OF DOCUMENT REQUESTED:

<i>ARREST RECORD</i>	<i>CRIME/INCIDENT REPORT</i>	<i>WARRANT INFORMATION</i>	<i>OTHER</i>
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NAME OF PERSON (SUSPECT/VICTIM/OTHER): _____

DATE OF BIRTH: _____

DATE & TIME OF OCCURRENCE: _____

REPORT NO./ BOOKING NO. (IF KNOWN): _____

ADDRESS OR LOCATION OF INCIDENT: _____

NAME OF REQUESTOR AND/OR AGENCY: _____

PHONE NUMBER _____ FAX NUMBER: _____

MAILING ADDRESS WHERE INFORMATION MAY BE MAILED:

STREET ADDRESS	CITY	STATE	ZIP CODE
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PARTY OF INTEREST (PLEASE CHECK ONE)

<input type="checkbox"/> PERSON INVOLVED – VICTIM, REPORTING PARTY, SUSPECT <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> AUTHORIZED INDIVIDUAL (WRITTEN AUTHORIZATION IS REQUIRED) <input type="checkbox"/> PARENT/GUARDIAN OF JUVENILE	<input type="checkbox"/> REPRESENTATIVE OF INSURANCE COMPANY OR INSURANCE ADJUSTING AGENCY <input type="checkbox"/> ATTORNEY <input type="checkbox"/> OTHER PARTY OF INTEREST (SPECIFY) _____ _____
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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 OF REQUEST: _____ SIGNATURE: _____

DATE RECEIVED: _____

¹ Updated 7/26/2004
 Request For Release Of Information