

**ELK GROVE POLICE DEPARTMENT
CITIZEN REPORT REQUEST**

TYPE OF REPORT: <input type="checkbox"/> CRIME <input type="checkbox"/> TRAFFIC/ACCIDENT <input type="checkbox"/> CAD CALL SUMMARY <input type="checkbox"/> PUBLIC RECORDS REQUEST	DATE CRIME/ACCIDENT OCCURRED: _____	REPORT NUMBER (S): _____ _____ Verified by: _____
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NAME OF VICTIM/BUSINESS/DRIVER(S)

LOCATION/ADDRESS OF INCIDENT:

TO BE COMPLETED BY REQUESTING PARTY
(for contact if applicable)

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip Code

PHONE: _____
Home Business Cell

EMAIL: _____

Your interest in the Report (Check One)

Crime Victim Involved in Accident Other (Explain below)

Insurance Carrier For: _____

Client's Name (For Attorneys - Requires written authorization from client): _____

Signature of Requesting Party: _____ Date: _____

***Crime Reports may be released to the victim or authorized agent only per 6254(f) GC
Traffic Reports may be released to any person or owner involved in the accident or their authorized agent. (20014 VC)
Only reports or portions of reports authorized for release by 6254(f) GC will be released. An explanation will be attached.
Public Records Act Requests will be researched and Records and/or responses are mailed within 10 working days***

ELK GROVE POLICE DEPARTMENT - RECORDS USE ONLY

Request filled by: _____ Date: _____

Request Reviewed by: _____ Date: _____

Request Denied-Reason: _____

Badge #: _____