



Auburn Police Department

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Application for Release of Records

1 YOUR CONTACT INFORMATION			FOR DEPARTMENT USE ONLY	
YOUR NAME (PLEASE PRINT) FIRST, MIDDLE LAST		YOUR DATE OF BIRTH (DOB)		RECEIVED DATE:
YOUR ADDRESS		CITY, STATE AND ZIP CODE		
DAY TIME PHONE	EVENING PHONE	FAX NUMBER	SCANNED BY:	DATE:

2 DESCRIBE RECORD REQUESTED		3 YOUR DECLARATION & VERIFICATION		
CASE NUMBER OR CALL FOR SERVICE NUMBER (IF KNOWN)		PLEASE CHECK ONE:		
DATE OF INCIDENT (OR APPROXIMATE)	TIME OF INCIDENT	<input type="checkbox"/>	Victim / Driver / Passenger / Pedestrian	
	_____ : _____	<input type="checkbox"/>	Property / Vehicle Owner	
	AM PM	<input type="checkbox"/>	Parent or guardian of involved juvenile	
LOCATION OF INCIDENT (ADDRESS / STREET)		<input type="checkbox"/>	Insurance Company Representative	
RECORD TYPE (Check One)		<input type="checkbox"/>	Military Recruiter, with a signed waiver	
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Call for Service Log Item	<input type="checkbox"/>	Attorney / Authorized Agent with a signed waiver	
<input type="checkbox"/> Crime / Incident Report	<input type="checkbox"/> Special Computer Search	<input type="checkbox"/>	Law Enforcement Background Investigator with a signed waiver.	
<input type="checkbox"/> Traffic Collision Report	<input type="checkbox"/> Photographs	<input type="checkbox"/>	Record to be sent directly to Law Enforcement Agency	
<input type="checkbox"/> Fire Department Report / Investigation		<input type="checkbox"/>	Other _____	
<input type="checkbox"/> Other Type of Report _____			I declare under penalty of perjury that I am entitled to this record by reason checked above:	
			Signature: _____	
			Date: _____	
			I want this record:	
		<input type="checkbox"/>	Held for pick up	
		<input type="checkbox"/>	Mailed to me	
			Pick-up items will be held for 3 days only. Will then be mailed.	

4 PAYMENT INFORMATION		--- For Department Use Only Below ---	
Amount Received \$ _____	Payment Received by: _____	Receipt #: _____	NOTE: Fees are waived for Victims of Domestic Violence
Payment received in form of :	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Other: _____

RECORD RELEASE DISPOSITION (Per the California Public Records Act)

<input type="checkbox"/> RECORD RELEASE APPROVED:	<input type="checkbox"/> RECORD RELEASE DENIED or PROHIBITED BY LAW
<input type="checkbox"/> Enclosed is the record you requested. The record was not edited.	Denied by: Employee ID# _____ Initial _____
<input type="checkbox"/> Enclosed is the record you requested. The record has been redacted due to:	REASON FOR DENIAL:
<input type="checkbox"/> Privacy right of the individual(s) named.	<input type="checkbox"/> No Record of Report
<input type="checkbox"/> Confidentiality right of individual(s) named.	<input type="checkbox"/> Release Prohibited
<input type="checkbox"/> Other Public Records Act exemption	<input type="checkbox"/> Case Is Under Active Investigation
RECORDS RELEASED BY:	<input type="checkbox"/> Elder/Dependent Abuse Report
Emp. ID# _____ Initial _____ On: _____	<input type="checkbox"/> Suspected/Child Abuse Report
Released: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail	<input type="checkbox"/> Juvenile Record
<input type="checkbox"/> Placed at Pick-Up window - RP notified	<input type="checkbox"/> Arrest Report - Arrestee must obtain through the DA's Office
	<input type="checkbox"/> Report referred to the DA's Office. Disposition is pending.
	<input type="checkbox"/> Deferred to other agency or Court.
	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Refund of \$ _____ will be processed by City Hall Finance Dept. and mailed separately.