



Cloverdale Police Department

Robert Stewart, Chief of Police

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PUBLIC RECORDS REQUEST FORM

Thank you for your records request. We know it is very important to you. Pursuant to the California Public Records Act, within 10 days from receipt of your request our Records Department will determine if your request can be fulfilled and you will be notified. In unusual circumstances, the time may be extended by written notification.

Not all information requested is allowed to be released under the California Public Records Act.

NOTE: The Cloverdale Police Department Records Personnel have the right to refuse you access to the information if you do not satisfactorily establish your identity and prove you have the right to access such records.

Name of Requestor - Last/First Name		Email Address		Date of Request	Contact Phone Number
Agency/Company, if applicable				Alternate Contact Phone Number	
Address			City	Zip Code	
Date of Birth	Type of Picture ID		Picture ID #		
	<input type="checkbox"/> Driver's License <input type="checkbox"/> Identification Card <input type="checkbox"/> Passport				
Reason for the request? _____					

SIGNATURE OF PERSON REQUESTING RECORD(S): _____					
TYPE OF RECORD REQUESTED (CHECK ALL THAT APPLY):					
<input type="checkbox"/> Incident Record (i.e., barking dogs, civil, graffiti)		Incident #: _____			
<input type="checkbox"/> Crime Report (i.e., theft, vandalism, fraud)		Cloverdale Case Report Number: _____			
<input type="checkbox"/> Traffic Collision/Accident Report		Cloverdale Case Report Number: _____			
(NOTE: Your insurance company may request report and pay the fee.)					
DO NOT WRITE BELOW THIS LINE – FOR USE BY RECORDS DEPARTMENT					
Request Received Via		Date of Receipt	Date Completed	Request	
<input type="checkbox"/> In Person <input type="checkbox"/> Mail				<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Information Provided / Reason For Denying Request					

Date Requestor Notified	<input type="checkbox"/> To be Picked up <input type="checkbox"/> To be Mailed <input type="checkbox"/> Other (Describe): _____				