

## **CHICO POLICE DEPARTMENT**



## **REQUEST FOR RECORDS**

REQUESTOR'S CONTACT INFORMATION: TYPE OF RECORD (CHECK ONE):			
NAME DATE (		IRTH	REPORT - \$6.50
ADDRESS CIT		F/7IP	 INCIDENT LOG - \$6.50
ADDRESS CITY/STATI		L/ ZII	OTHER (DESCRIBE IN DETAIL):
PHONE NUMBER			
EMAIL			
DESCRIBE RECORD REQUESTED:		ADDITIONAL	INFORMATION:
CASE NUMBER OR INCIDENT NUMBER (IF KNOWN)			
DATE OF INCIDENT	TIME OF INCIDENT	-	
LOCATION OF INCIDENT (ADDRESS/STREET AND CITY)		REQUESTING	G PERSON'S INVOLVEMENT:
		Victim in c	
NAME(S) OF INVOLVED IN THE INCIDENT		Parent or Guardian of Involved Juvenile	
DEPARTMENT USE ONLY			
PAYMENT INFORMATION:		OFFICE USE:	
AMOUNT RECEIVED \$ RECEIPT #		CPD NR NUMBER:	
CHECK CASH CREDIT / DEBIT CARD			
		Emp Initials _	Date Received:
NOTE: Fees are waived for victims of domestic violence RECORD RELEASE DISPOSITION (Per the California Public Records Act Government Code 7923.600 et seq.)			
RECORD RELEASE APPROVED		RECORD RELEASE DENIED OR PROHIBITED BY LAW	
Enclosed is the record you requested. The record was not redacted.		REASON FOR	DENIAL
The record has been redacted due to:		No Record	
Privacy right of the individual(s) named.		Criminal Investigation – 7923.600-625 Government Code	
Confidentiality right of individual(s) named. To protect integrity of the case.		Other:	
Case/Incident #(s) Released:			
Released 🔄 In Person 🗌 By Mail		Emp ID#:	Initial: Date:
Placed at pick-up window – RP notified.			
Emp #: Initial: Date Ready:			