



CHICO POLICE DEPARTMENT



REQUEST FOR RECORDS

REQUESTOR'S CONTACT INFORMATION:**TYPE OF RECORD (CHECK ONE):**

NAME	DATE OF BIRTH
ADDRESS	CITY/STATE/ZIP
PHONE NUMBER	
EMAIL	

REPORT - \$6.50

INCIDENT LOG - \$6.50

OTHER (DESCRIBE IN DETAIL):

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 PERSON'S INVOLVEMENT:**

NAME(S) OF INVOLVED IN THE INCIDENT

Victim in case

Parent or Guardian of Involved Juvenile

Insurance Company Representative

DEPARTMENT USE ONLY**PAYMENT INFORMATION:****OFFICE USE:**

AMOUNT RECEIVED \$ _____ RECEIPT # _____

CHECK CASH CREDIT / DEBIT CARD

NOTE: Fees are waived for victims of domestic violence

CPD NR NUMBER: _____

Emp Initials _____ Date Received: _____

RECORD RELEASE DISPOSITION (Per the California Public Records Act Government Code 7923.600 et seq.)

RECORD RELEASE APPROVED

Enclosed is the record you requested.

The record was not redacted.

The record has been redacted due to:

Privacy right of the individual(s) named.

Confidentiality right of individual(s) named.

To protect integrity of the case.

Case/Incident #(s) Released:

Released In Person By Mail

Placed at pick-up window – RP notified.

Emp #: _____ Initial: _____ Date Ready: _____

RECORD RELEASE DENIED OR PROHIBITED BY LAW

REASON FOR DENIAL

No Record of Report

Criminal Investigation – 7923.600-625 Government Code

Other: _____

Emp ID#: _____ Initial: _____ Date: _____

YOU MAY EXPEDITE YOUR REQUEST BY CLICKING THE FOLLOWING LINK: <https://cityofchicoca.nextrequest.com/>