



**UC DAVIS POLICE DEPARTMENT**  
 ATTN: RECORDS UNIT  
 ONE SHIELDS AVENUE  
 DAVIS, CA 95616

DATE OF REQUEST:

REQUESTOR (FIRST NAME, LAST NAME):		DRIVER'S LICENSE/I.D. NUMBER & STATE:	
ADDRESS (APT./SUITE):	CITY:	STATE:	ZIP CODE:
HOME TELEPHONE (AREA CODE):	WORK TELEPHONE (AREA CODE):	CELLULAR TELEPHONE (AREA CODE):	

<b>REQUESTOR IS:</b> <i>CHECK BOX(S)</i>	<input type="checkbox"/> VICTIM	<input type="checkbox"/> PARENT / GUARDIAN
	<input type="checkbox"/> PERSON INVOLVED IN ACCIDENT	<input type="checkbox"/> PARTY ACCUSED OF A CRIME

REPORT (CASE) NUMBER, IF KNOWN:	TYPE OF REPORT (TRAFFIC COLLISION, THEFT, ETC.):
INCIDENT DATE:	INCIDENT LOCATION:

*I declare, under penalty of perjury, that I am the party of interest as stated above. I further declare under penalty of perjury that the address information obtained pursuant to this request shall not be used directly, or indirectly, to sell a product or service to any individual or group. Any information obtained will not be used to commit any misdemeanor or felony offense.*

REQUESTOR SIGNATURE: <b>X</b>	DATE:
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*The release of police reports is governed by the California Public Records Act (Government Code Section 6250-6260), as well as department policy.*

**OFFICE USE ONLY**

<input type="checkbox"/> <b>APPROVED</b>	DATE:	DATE RELEASED:	TOTAL FEES: \$	FEES PAID? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

<input type="checkbox"/> <b>DENIED</b>	DATE:	REASON:

SIGNATURE OF CUSTODIAN OF RECORDS:

<input type="checkbox"/> <b>NOTIFIED</b>	DATE:	INITIALS:	NOTES: