

CAMPBELL POLICE DEPARTMENT

70 N First St, Campbell, CA 95008 * (408)866-2121
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REPORT COPY REQUEST

PLEASE PRINT – COMPLETE ALL SECTIONS OF THIS REQUEST.

Vague or incomplete answers may cause denial.

1. Your Name _____

Your Mailing Address _____

Street Number City State Zip

Your telephone number (_____) _____

Include area code

2. Select type of report/request :

Accident Crime Photos Other (specify) _____

Case or Incident Number _____

Date/Time of Incident or Date Range _____

Location of Incident _____

3. I certify that I am :

Named in the report An Authorized Representative

Person named in the report _____

Signature _____ Date _____

I declare under penalty of perjury that the above information is correct.

I understand that this report may become public record if released to me

Please check one: Mail Pick Up

For Office Use Only:

OFFICE USE ONLY	
Received by:	Date:
Approved by:	Date:
Mailed by:	Date:
Released by:	Date:
Denied by:	Date:

Date	Status

of pgs released: _____ or Page nos. released: _____