

## Police Department, 2000 Stevenson Boulevard, Fremont CA 94538 RECORDS UNIT PHONE 510-790-6860 / FAX 510-790-6831

To submit: Email form to: Records@fremont.gov

## **APPLICATION FOR RELEASE OF INFORMATION**

\*\*\* PER GOVERNMENT CODE SECTION 7922.535 YOUR REQUEST COULD TAKE 10 DAYS \*\*\*

Type of Report:	Report Number:
☐ Traffic Collision ☐ Crime	
INFORMATION REQUESTED BY:	DATE REQUESTED:
Name	CERTIFICATION
Address:	I declare under the penalty of perjury that
	I am / I represent:
Email:	
Phone (mobile)	(Person named in Report)
Phone (work)	SIGNED:
Phone (home)	
PARTY OF INTEREST (Please Check One) – PROOF OF IDENTITY WILL BE REQUIRED*	
Person Involved:	Representative of Insurance Company or
Driver, Passenger, Pedestrian, or Victim Property Owner	Insurance Adjusting Agency
Authorized Individual	Name of Company: ☐ Attorney:
(Signed Authorization is Required)	Name of Firm:
Parent / Guardian of Juvenile Party	Other Party of Interest (Specify)
IF REPORT NUMBER IS NOT KNOWN, PLEASE CO	
	Location of Incident:
	Date of Birth:
Vehicle License Plate / Vehicle ID Number:	
Officer's Name or Badge Number:	
*Presenting a valid photo government ID will be required to obtain	a copy of the report verifying you are the party of interest as stated above
- sooning a rana, prote gerenment is the so required to estam a copy of the report roun, and fed and the party of misories as claims a soon	
FOR DEPARTMENTAL USE ONLY	
Approved By: Denied By:	Released By:
Date Released: Amount	cash check# other
REMARKS:	
	Delivery Method:
	ATED IN ACCORDANCE WITH SECTION 6254(F) OF THE CALIFORNIA
PUBLIC RECORDS ACT OR THE TNG ORDER OF AL	AMEDA COUNTY SUPERIOR COURT / JUVENILE DIVISION.
	DEDORT NI IMPER
	REPORT NUMBER