



CSU CHANNEL ISLANDS POLICE DEPARTMENT
1 UNIVERSITY DR. CAMARILLO, CA 93012
(805) 437-8444

APPLICATION FOR RELEASE OF TRAFFIC COLLISION/CRIME REPORT

NOTICE: THE THEFT OR ALTERATION OF AN OFFICIAL DOCUMENT IS A FELONY PUNISHABLE UNDER SECTION 6201 OF THE GOVERNMENT CODE

CASE NO: _____ DATE OF INCIDENT: _____ REPORT TYPE: CRIME
 TRAFFIC COLLISION
REASON FOR REQUEST: _____ OTHER

APPLICANT INFORMATION

NAME _____ PHONE NO. _____
ADDRESS _____
CITY _____
STATE _____ ZIP CODE _____

PARTY OF INTEREST

- ATTORNEY
- AUTHORIZED REPRESENTATIVE OF DRIVER/ OWNER/ VICTIM
- OTHER PARTY OF INTEREST _____
- REPRESENTATIVE OF INSURANCE COMPANY
- VICTIM

CHECK ONE

- WILL PICK UP
- RETURN BY MAIL (ABOVE ADDRESS)

I CERTIFY THE ABOVE INFORMATION APPLIED FOR IS NECESSARY IN THE DUE ADMINISTRATION OF THE LAW AND NOT FOR THE PURPOSE OF ASSISTING A PRIVATE CITIZRN IN CARRYING ON HIS/HER PERSONAL INTEREST OF MALICIOUSLY OR USELESSLY HARASSING, DEGRADING, OR HUMILIATING ANY PERSON (11105 PC COO OF OCT 13, 1970)

I DECLARE UNDER THE PENALTY OF PERJURY, THAT I AM, OR I REPRESENT...THE PARTY OF INTEREST IDENTIFIED IN THE REPORT RECORDED HERON. I UNDERSTAND THAT THE PROCESSING OF THE REPORT MAY TAKE UP TO TEN (10) WORKING DAYS.

SIGNATURE _____ DATE _____

(OFFICIAL USE ONLY)

APPROVED DISAPPROVED

AUTHORIZED BY _____ DATE: _____