UC Davis Police Department

One Shields Ave.
Davis, CA 95616

Annette Spicuzza
Chief of Police

(530) 752-6823
FAX (530) 752-3216

APPLICATION FOR RECORD REQUEST

Government Code 6254 (f)

Date: _____ Case #: _____

Name of Applicant: _____

Address: _____

Phone #:_____ License/ID #:_____

Applicant is:

___ Victim
___ Parent/Guardian
___ Insurance Carrier
___ Authorized Representative
___ Press/Media
___ Person involved in accident
___ Party accused of a crime
___ Attorney

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____

Type of Occurrence: _____

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.

Applicants Signature: _____

OFFICE USE ONLY

Copy Released (Date):_____ Paid (Y/N):_____

Copy Denied (Date):_____

Reason for Denial: _____

Signature of custodian of Records: _____