

**SONORA POLICE DEPARTMENT
REQUEST FOR
RELEASE OF RECORDS**

TODAY'S DATE _____

NAME (please print) _____

MAILING ADDRESS: _____ Telephone: _____

REQUEST FOR REPORTS

DATE INCIDENT OCCURRED _____ CASE/INCIDENT # _____

LOCATION INCIDENT OCCURRED _____

YOUR CONNECTION TO THE CASE (must select at least one):

- | | |
|---|--|
| <input type="checkbox"/> Victim/Parent | <input type="checkbox"/> Arrested/Accused |
| <input type="checkbox"/> Property Owner | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Involved in Accident | <input type="checkbox"/> Representative |
| <input type="checkbox"/> Other (explain): _____ | |

REQUEST FOR RECORDS CHECK

(Records Checks Only Check the City of Sonora)

YOUR LEGAL NAME _____

(A copy of your photo identification must be attached)

***WE WILL RESPOND TO YOUR REQUEST
WITHIN TEN DAYS***

EMPLOYEE ACCEPTING THE FORM _____ DATE _____

RECORD RELEASED ____ RECORD DENIED ____ BY ____ DATE _____

REASON FOR DENIAL _____