

SONORA POLICE DEPARTMENT

Application For Release of Information

Date: _____ Report Number: _____

Name of Requestor (print): _____

Location of Occurrence: _____

Date Reported: _____

STATUS OF REQUESTING PARTY (Check appropriate space(s))

- 8) Victim/Parent or guardian of victim _____
- 8) Authorized representative of victim (explain below) _____
- 8) Insurance carrier _____
- 8) Person involved in accident _____
- 8) Owner of damaged property _____
- 8) Press _____
- 8) Party accused of crime _____
- 8) Interested party (explain below) _____

I declare under penalty of perjury, that I am the party of interest as checked above.

Signature: _____ Phone: _____

Company/Business: _____

Address: _____

.....

This area to be completed by Sonora Police Department:

Copy Released _____ Copy Denied _____ Date: _____

Reason for denial: _____

Releasing party (signature): _____