



REQUEST FOR RECORDS RELEASE

Arroyo Grande Police Department

Date of Request Name of Applicant

Date and Time of Occurrence

Type of Report

Report Number Location of Incident

Name of Driver or Property Owner

Party of Interest (Please Check One)

- Person Involved (Driver, passenger, pedestrian, victim)
- Property Owner
- Authorized Individual (Signed authorization is required)
- Parent/Guardian of Juvenile Party
- Representative of Insurance Company/Insurance Adjusting Agency
- Attorney
- Other Party of Interest (Specify)

CERTIFICATION

I declare under penalty of perjury that:

- I am the party identified in the report recorded hereon.
- I represent party identified in the report recorded hereon.
- I am an attorney representing the party of interest identified in the report recorded hereon.

Signature Field

FOR AGPD USE ONLY

Date Released

Released By

Fees Due