

MODESTO POLICE DEPARTMENT REQUEST TO INSPECT PUBLIC RECORDS

DO NOT USE THIS FORM TO REQUEST JUVENILE RECORDS

Records released Monday and Tuesday from 8am to 5pm, and Wednesday and Thursday, from 8am to 6pm.

Copy Cost: 10 cents per page, plus tax. Photographs: \$10 service charge.

	Modesto Police Case Number:
I hereby request all records or documents concerning the inc	
Check all that apply: \square Insurance \square Attorney \square P	ersonal/Other (explain):
Type of Record : ☐ Arrest ☐ Traffic ☐ Vandalism	\square Burglary/Theft \square Domestic Violence \square Other
Details of Incident: (answer all that are applicable)	
Date/Time Reported:	Location:
Reporting Person:	Suspect:
Victim:	Driver:
Requestor:	
☐ Insurance ☐ Attorney ☐ Victim ☐ Traffic ☐ Ir	njured Property Owner Arrested Other
For:	Your Name:
Claim/Court No.:	Date of Birth:
Company/Firm:	Driver's License No.:
Business Address:	Residence Address:
Phone:	Phone:
If the report needs approval before releasing, I will be no	otified within ten (10) days. (Initial Here)
SIGNATURE:	DATE OF REQUEST:
RECORDS STAFF USE ONLY:	
Accepted By:Date:	Notified By: \square Phone or \square Mail (select one)
Supervisor Review:Date:	By:Date:
Picked Up:Date:	Number of Pages Released: Or: □ PRA Letter / □ Exempt (F) / □ Exempt C