

COVINA POLICE DEPARTMENT  
APPLICATION FOR RELEASE OF INFORMATION

Report #

Name of applicant: \_\_\_\_\_ Agency: \_\_\_\_\_  
(PLEASE PRINT)

Home address: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Work address: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Requested Information:

Date/Time of incident: \_\_\_\_\_ Location: \_\_\_\_\_

Report Type: (Please check one)

- Arrest Report                       Traffic Collision                       \*Current arrest info/Booking sheet  
 Crime Report                         DV Report                                 Incident Report/Call for Service  
 Other \_\_\_\_\_                       Photos

Party of Interest: (Please check one)

- |  |   |
|--|---|
| <p><input type="checkbox"/> Victim named in document(s) requested</p> <p><input type="checkbox"/> Driver, passenger, or pedestrian involved in traffic collision report requested.</p> <p><input type="checkbox"/> Arrestee</p> <p><input type="checkbox"/> Witness</p> <p><input type="checkbox"/> Reporting party</p> <p><input type="checkbox"/> Insurance company representing subject of record (claim # _____)</p> <p><input type="checkbox"/> Parent/guardian of juvenile</p> | <p><input type="checkbox"/> Attorney for: _____ (authorization required)</p> <p><input type="checkbox"/> Law Enforcement Officer conducting criminal investigation<br/>Case No. _____</p> <p><input type="checkbox"/> Property owner</p> <p><input type="checkbox"/> Authorized individual (signed authorization required)</p> <p><input type="checkbox"/> Other party of interest. (specify)<br/>_____<br/>_____<br/>_____</p> |
|--|---|

I declare under the penalty of perjury that I am the party of interest identified above. I am NOT a suspect in this case.  
\*If I am seeking arrest information, I declare that I am a licensed private investigator or will use the information for scholarly, journalistic, political or **governmental purposes ONLY**, per Government Code 6254(f)(3). The information **SHALL NOT** be used directly or indirectly to sell a product or service to anyone.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Booking Sheet and/or Dispo                | Investigations/Traffic Review: _____ (OFFICE USE ONLY) |
| <input type="checkbox"/> Complete Report Released.                 | Processed By: _____                                    |
| <input type="checkbox"/> Redacted Copy Released. - Redacted: _____ |  |
| <input type="checkbox"/> Arrest Summary ( _____ to _____)          | Comments: _____  |
| <input type="checkbox"/> Denied                                    | _____  |
| <input type="checkbox"/> I D Type: _____                           | _____  |
| <input type="checkbox"/> ID Number: _____                          | Released By: _____                                     |

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Receipt #, \_\_\_\_\_