## COVINA POLICE DEPARTMENT APPLICATION FOR RELEASE OF INFORMATION

Report #
:
arrest info/Booking sheet Report/Call for Service
(authorization required)
lucting criminal investigation
norization required)
OT a suspect in this case. use the information for scholarly, ne information <b>SHALL NOT</b> be
ate:
(OFFICE USE ONLY)

APPLICATION FOR RELEA	AOL OF INFORMATION	
	Agency:	
	Home telephone:	
Work address:	Work telephone:	
Requested Information:		
Date/Time of incident:	Location:	
Report Type: (Please check one)		
☐ Arrest Report ☐ Traffic C☐ ☐ Crime Report ☐ DV Rep ☐ Other	·	
Party of Interest: (Please check one)		
☐ Victim named in document(s) requested	Attorney for:(authorization required)	
☐ Driver, passenger, or pedestrian involved in traffic collision report requested.	☐ Law Enforcement Officer conducting criminal investigation  Case No	
☐ Arrestee	☐ Property owner	
☐ Witness	☐ Authorized individual (signed authorization required)	
☐ Reporting party	☐ Other party of interest. (specify)	
☐ Insurance company representing subject of record (claim #)		
☐ Parent/guardian of juvenile		
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 <b>governmental purposes ONLY</b> , per Government Code 6254(f)(3). The information <b>SHALL NOT</b> be used directly or indirectly to sell a product or service to anyone.  Signature  Date:		
☐ Booking Sheet and/or Dispo Investigations/Traffic Review: (OFFICE USE ONLY)		
<ul><li>☐ Complete Report Released.</li><li>☐ Redacted Copy Released Redacted:</li></ul>		
Arrest Summary (	Comments:	
□ Denied		
☐ I D Type:		
☐ ID Number:	Released By:	
Date: Amount: \$	Receipt #,	