



City of Placerville
Police Department

730 Main St., Placerville, CA 95667
530-642-5210 ~ FAX 530-642-5258

PUBLIC RECORDS REQUEST

Name (Last, First, M.I.)	DOB:
Address:	Mailing Address (if different):
Email:	Phone Number:
Preferred Method of receiving records: <input type="checkbox"/> US Mail <input type="checkbox"/> Pick-up	
Type of Record: <input type="checkbox"/> Crime Report <input type="checkbox"/> Traffic Report <input type="checkbox"/> Other	
Associated Case Number: _____ Date of Incident: _____	
Party of Interest: <input type="checkbox"/> Person Involved <input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Individual (must provide written authorization)	<input type="checkbox"/> Attorney <input type="checkbox"/> Parent or Guardian of Juvenile <input type="checkbox"/> Other Party of Interest (specify below)
Was an arrest made? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE that if an arrest was made and charges were filed by the District Attorney's Office, The DA's Office is the only agency that can release records.	
I declare under penalty of perjury that <input type="checkbox"/> I am <input type="checkbox"/> I represent the party of interest identified in the police report heron.	
Signature: _____ Date: _____	
OFFICE USE ONLY <input type="checkbox"/> ID Verified <input type="checkbox"/> Approved <input type="checkbox"/> Denied No Fee for reports under 10 pages. 10 + pages \$.10 per page. Audio/Photo/Video Reproduction: \$70.00 Date contacted: _____ Initials/Badge: _____ Date records released: _____ Initials/Badge: _____	

You may return this completed for via e-mail attachment to ppdrecords@cityofplacerville.org or hand deliver or mail to the Placerville Police Department, 730 Main St., Placerville CA 95667