



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 here on.	
Signature: _____ Date: _____	
OFFICE USE ONLY	
<input type="checkbox"/> ID Verified <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>No Fee for reports under 10 pages. 10 + pages \$.10 per page. Audio/Photo/Video Reproduction: \$70.00</i> Date contacted: _____ Initials/Badge: _____ Date records released: _____ Initials/Badge: _____	