



Piedmont Police Department
 403 Highland Avenue
 Piedmont, CA 94611
 (510) 420-3000
 FAX (510) 420-1220

REQUEST FOR RECORDS

Government Code Section 6253.1 requires agencies to assist the public in making a "focused and effective" records request.

List the type of record(s) you are requesting:

1.
2.
3.
4.
5.

Victims of a crime are entitled to more information than other citizens

Victims or a legal representative of a victim please provide your name and case number. If a case number is unknown, provide the date, time and address of the incident.

Print name: _____

Case number: _____

Date/time of incident: _____

Address of incident: _____

REQUESTS WILL BE REVIEWED AND RECORDS MAY BE RELEASED WITHIN TEN DAYS

Your contact information to notify you once records may be ready for release:

Address: _____

Phone number: _____

Request Received By: _____ Date: _____

Request Approved By: _____ Date: _____

Request Denied By: _____ Date: _____

Reason for Denial: _____

FEES

Amount Due/Paid: _____ Number of Pages Release: _____

Date Released / Mailed: _____