

Brisbane Police Department
50 Park Place, Brisbane CA 94005
Records Division Phone: (415) 508-2179 Fax (415) 468-2233

Request for: Police Report Incident Other: _____

Date: _____

Report / Incident Number(s): _____

Name of Requestor: _____

Mailing Address: _____

City: _____ St.: _____ Zip: _____

Day time phone number: (_____) _____ Cell Phone: (_____) _____

How are you involved with this case?

Victim Property Owner Driver Authorized Individual Other: _____

Date of incident: _____ Location: _____

Please state the reason for this request: _____

PLEASE READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE SIGNING

CERTIFICATION

I certify under the penalty of perjury that the information released hereunder will be used solely for the specific purpose noted above. The information will not be used to harass, degrade or humiliate any person, nor for any employment or related purpose. I further certify as to the need to fulfill official duties and obligations of my office and hereby agree to defend and indemnify the Brisbane Police Department for any liability arising out of improper use of the information provided.

Requestor Signature: _____ Date: _____

TO BE COMPLETED UPON RECEIPT:

Requestor Signature: _____ Date: _____

Request Approved/Denied By: _____ Date: _____

Denial Reason(s): Case Forwarded to DA Juvenile Matter Open Investigation Other