

**REQUEST FOR
Release of Information**

ANTIOCH POLICE DEPARTMENT
300 L Street, Antioch, CA 94509
RECORDS 925/779-6830



Name: _____ Phone #: (_____) _____
(please print clearly)

Address: _____
Street/City/State/ZIP

I understand that the filing of this request does not in any manner, obligate the Chief of Police or any employee of the Antioch Police Department to produce such information, nor does it imply in any manner that such information must or will be furnished. The Antioch Police Department releases information in accordance with the California Public Records Act.

Signature: _____ Date: _____

Request "Calls For Service"

Date / Date Range: _____

Address: _____

ANTIOCH POLICE DEPARTMENT USE ONLY

Request taken by: _____ Date: _____

Processed by: _____ Date: _____ Pages Released: _____ Amount Due: _____

Notified by: _____ Date: _____

Report Picked up Date: _____ Receipt# _____

Denied: _____ Date: _____ Mailed: _____

Reason: _____
