



ANTIOCH POLICE DEPARTMENT
300 'L' Street
Antioch, CA 94509
(925) 779-6900



REQUEST FOR RELEASE OF INFORMATION OR PROPERTY

Name: _____

Primary Phone: () _____

Address: _____

Secondary Phone: () _____

City: _____ State: _____ Zip: _____

POLICE REPORT COPY REQUEST

TYPE OF REPORT: Crime Traffic Other: _____

POLICE REPORT NUMBER: _____

Location: _____ Date: _____ Time: _____

Name of Driver, Property Owner or Involved Person: _____

Reason for Request:

- Representative of Insurance Company or Insurance Adjusting Agency Driver, Passenger, Pedestrian, Victim or Property Owner
- Attorney (Authorization Required) Involving Juvenile (Additional Juvenile Release Form is required.) Please request
- Other Party of Interest (specify): _____

REQUEST FOR PROPERTY RELEASE

PROPERTY TAKEN FOR: Evidence Safekeeping Found

POLICE REPORT NUMBER: _____

Description: _____

Returned by: _____ Date: _____

Received by: _____ Driver's License #: _____ DOB: _____

Application taken by: _____ Date: _____

Amount: _____ Receipt No: _____ Mail Pick Up

I understand that the filing of the 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.

SIGNATURE: _____ DATE: _____