

**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 for REPORT:

*****Valid ID Required*****

Report Number(s): _____

Type of Report: Crime Event

Traffic Accident with Involved Vehicle-License Plate # _____

Animal Services for Dog Bite Date/Time: _____

Dog Bite Location: _____

Your involvement: Victim Driver Passenger Vehicle or Property Owner

ANTIOCH POLICE DEPARTMENT USE ONLY

Request taken by: _____ Date: _____ ID Verified

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

Notified by: _____ Date: _____

Report Picked up Date: _____ Receipt# _____

Denied: _____ Date: _____ Mailed: _____

Reason: _____

