

**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:**

Report Number(s): \_\_\_\_\_

Type of Report:     Crime     Event     Animal Services/Dog Bite  
 Traffic Accident with Involved Vehicle-License Plate # \_\_\_\_\_

Your involvement:     Victim     Driver     Passenger     Vehicle or Property Owner

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_