

For Department Use Only

Rcvd by: _____

Amt. Rcvd: _____

Cash: _____ Check: _____ CC: _____

Benicia Police Department Request For Release Of Record To The Public

** Those reports not picked up within 14 days of notification will be destroyed. **

Date of Request

Case #/Cad Call #

Traffic Report (**Fees May Apply**)

All Other Reports (**Fees May Apply**)

Name

Daytime Contact Phone # (required)

E-Mail Address (optional)

Date/Time of Incident

Location of Incident

Additional Information: _____

**** PLEASE READ—RELEASE DISCLOSURE ****

Thank you for your records request, we know it is very important. We will try to provide you with the requested information within 5 business days.

This notice, however, is to advise you, in writing, that additional time may be required to fulfill your request.

We appreciate your patience. You will be contacted if any further information is needed.

Please contact the Records Department if you have any questions or concerns.

I have read and understand the above disclosure.

initials