



**Bear Valley Police Department  
REQUEST FOR PUBLIC RECORDS**



In order to expedite your request, please complete this form to the best of your knowledge. You will be requested to show a picture ID or proof of representation. **NOTE:** Per 6256 Government Code we will respond to your request within 10 days. You will be notified after your request has been reviewed.

**(PLEASE PRINT)**

Date of Request: \_\_\_\_\_ Name: \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Driver's License # \_\_\_\_\_

**PLEASE COMPLETE SECTION 1, 2, OR 3 DEPENDING ON NEED**

**1. REPORT**  **PHOTOGRAPHS**  **TAPE DUPLICATIONS**  **VIEW REPORT**

**NOTE: (Requests for Arrest Reports must be made from the District Attorneys' Office)**

Report/Incident # \_\_\_\_\_ Date/Time of Incident \_\_\_\_\_ Location \_\_\_\_\_

Type of Report: Traffic Collision  Crime Report  Incident Report

Please identify yourself by completing one of the following:

a. Person mentioned in reports Victim  Suspect  Driver  Other

b. Insurance representative: \_\_\_\_\_

c. Legal representative: \_\_\_\_\_  
 Name of Company \_\_\_\_\_

Other party of Interest (specify) \_\_\_\_\_

**2. ADDRESS RESEARCH/OTHER INFORAMTION**

Time Period: From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_  
 (Month/Year) (Month/Year)

Information requested:

**3. BACKGROUND CHECK/CLEARANCE LETTER**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License# \_\_\_\_\_ Purpose of Request: \_\_\_\_\_

Position Held/Applying For: Peace Officer/Criminal Investigator  Other

**CERTIFICATION:** I declare under penalty of perjury that I am: \_\_\_\_\_  
 (Signature)

FOR INTERNAL USE ONLY		
Reviewed by Records Clerk Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Reason, if Denied:	
Signature:		
Disposition of Request: Documents/response provided on(date):		
By (check one) Mail <input type="checkbox"/> Pick-Up <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Delivered <input type="checkbox"/> Verbal <input type="checkbox"/> Phone <input type="checkbox"/>		
Comments:		
Date Completed:	Employee ID:	Staff Time:
Amount Paid:	Check <input type="checkbox"/> Cash <input type="checkbox"/>	No Charge/ Victim <input type="checkbox"/>