DIXON POLICE DEPARTMENT
REQUEST FOR COPY OF DIXON POLICE REPORT

Report Number:_____ Type of Report:_____
Place of Occurrence:_____
Date of Occurrence:_____

WHAT IS YOUR INTEREST IN REPORT

_____Victim _____Property Owner _____Parent or Guardian of Juvenile

_____Insurance Company or Representative _____Attorney
_____Authorized Individual (signed authorization required)
_____Other

I declare under the penalty of perjury that I am or represent the party of interest identified in the report I am requesting a copy of I further state that information released will not be used to harass or humiliate any person; or use for any employment or related purposes. I agree to indemnify the Dixon City Police Department for any liability arising out of improper use of the information provided. Dissemination of arrest information is controlled by law.

Print Name:_____ Date:_____

Address:_____

Signature:_____

Telephone Number-_____ Please call when my report is ready_____

REPORT WILL BE REVIEWED AND MAY BE RELEASED WITHIN TEN WORKING DAYS

Request Received By:_____Date:_____
Request Approved By:_____Date:_____
Request Denied By:_____Date:_____
Reason for Denial:_____

HAVE REQUESTER CALL RECORDS SUPERVISOR FOR DISCUSSION_____

Submit Form