

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 _____

FEES

Amount Due: _____ Amount Paid: _____ Fees Not Applicable _____
 Number of Pages Released: _____ Date Mailed: _____