

VACAVILLE POLICE DEPARTMENT

660 MERCHANT STREET VACAVILLE, CA. 95688

Phone: 707-449-5229

If you have recently been arrested or you are awaiting trial and are seeking a copy of the report **YOU DO NOT NEED TO COMPLETE THIS FORM.** Your copy of the report has been provided to the District Attorney and is available through their office.

REQUEST FOR RELEASE OF RECORD TO THE PUBLIC

Thank you for your records request, we know it is very important. We will try to provide you the requested information as soon as possible. Pursuant to the California Public Records Act, within 10 days from receipt of your request, the Police Department will determine whether your request seeks copies of disclosable public records in its possession and will promptly notify you. In unusual circumstances, the time may be extended by written notice. *Not all information requested is releasable under the Act.*

Service Charges: *Crime Incident Form, Adult and Minor* - \$ 14.25

Crime Report/ CAD Notes Reproduction Fee - \$.25 per page

Type of Report		
<input type="checkbox"/> Traffic	<input type="checkbox"/> Crime	<input type="checkbox"/> CAD Notes
Vacaville Police Department Case Number: _____		

Incident Information	
Name of Persons Involved:	_____
Location of Incident:	_____
Date & Time of Incident:	_____
Additional Information:	_____ _____

Requestor Information	
Name (optional):	_____
Daytime Contact Phone # (required):	_____

For Records Section Use Only	
Received By: _____	Date _____ (Records Assistant/Intern)
<i>Checked Photo I.D. at Time of Request if Applicable</i> ()	