

PUBLIC RECORDS REQUEST

TYPE OF REQUEST INFORMATION

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| Date of Incident: | Report Number: | Incident Number: |
| Location of Incident(s): | | |
| Type of Request: <input type="checkbox"/> 911 CAD Printout(s) <input type="checkbox"/> Telephone Audio <input type="checkbox"/> Radio Audio <input type="checkbox"/> Premise History | Requester is: <input type="checkbox"/> Person Involved <input type="checkbox"/> Property Owner <input type="checkbox"/> Apartment Manager <input type="checkbox"/> Representative of Auto Insurance Co. <input type="checkbox"/> Private Attorney <input type="checkbox"/> Public Defender's Program <input type="checkbox"/> Other (specify): _____ _____ _____ | Certification: I declare that the information provided by me is true and correct to the best of my knowledge. Name: _____ Address: _____ _____ Telephone #: _____ Signature: _____ Date of Request: _____ <i>Please provide a copy of requester's government issued ID and any necessary paperwork.</i> |

RECEIVING REQUESTED MATERIALS

Materials will be released only after payment has been received

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| Schedule of Fees CAD Printout/Premise History: \$.10 per page CD/DVD/Scanned Documents: \$2.00 Clerical Costs: \$24.00 per hour Mailing Fee: \$3.00 | Method of Delivery is US Mail | You may email your request to <u>taperequest@smcgov.org</u> or mail it to: Public Records Request Public Safety Communications, 501 Winslow St., 2nd Floor, PSC100 Redwood City CA 94063 |
| <i>Payment can only be made by Check or Cashier's Check.</i> | | |

OFFICIAL USE ONLY

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|--|--|
| Request received by: _____ | Date received: _____ |
| Request completed by: _____ | Date completed: _____ |
| Sent By: _____ Logged Date: _____ Misc. Notes: _____ | |
| Amount Received: _____ | Paid By: <input type="checkbox"/> Check <input type="checkbox"/> Cashier's Check |

