

**ESCONDIDO POLICE DEPARTMENT
APPLICATION FOR RELEASE OF TRAFFIC/CRIME REPORT INFORMATION**

NOTICE

**THE THEFT OR ALTERATION OF AN OFFICIAL DOCUMENT IS A FELONY
PUNISHABLE UNDER SECTION 6201 OF THE GOVERNMENT CODE**

CASE # _____

DATE OF APPLICATION _____	DATE/TIME OF INCIDENT _____	
TYPE OF RECORD REQUESTED <input type="checkbox"/> ARREST <input type="checkbox"/> TRAFFIC <input type="checkbox"/> CRIME <input type="checkbox"/> OTHER _____	LOCATION OF INCIDENT _____	
NAME OF APPLICANT/AGENCY/BUSINESS – REQUESTING _____	VICTIM/DRIVER/OWNER/PASSENGER _____	
PHONE # (____) _____	PHONE # (____) _____	

PARTY OF INTEREST

<p><u>FAMILY MEMBER</u></p> <p><input type="checkbox"/> WIFE <input type="checkbox"/> HUSBAND</p> <p><input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER</p> <p><input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER</p> <p><input type="checkbox"/> GUARDIAN <input type="checkbox"/> PROPERTY OWNER</p>	<p><input type="checkbox"/> VICTIM – PERSON, BUSINESS</p> <p><input type="checkbox"/> PERSON INVOLVED (Driver, Passenger, Pedestrian, Registered Owner)</p> <p><input type="checkbox"/> AUTHORIZED INDIVIDUAL (Signed Authorization Required of Individual Represented)</p>	<p><input type="checkbox"/> REPRESENTATIVE OF INSURANCE COMPANY OR INSURANCE ADJUSTING AGENCY (Policy Number or Claim Number Must be Presented)</p> <p><input type="checkbox"/> ATTORNEY (Must Include Release from Client)</p> <p><input type="checkbox"/> OTHER PARTY OF INTEREST (Specify) _____</p>
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CERTIFICATION

I DECLARE, UNDER THE PENALTY OF PERJURY, THAT

<input type="checkbox"/> I AM	<input type="checkbox"/> I REPRESENT	
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I AM AN ATTORNEY REPRESENTING

THE PARTY OF INTEREST IDENTIFIED IN THE REPORT RECORDED HEREON.

SIGNATURE _____

FOR POLICE DEPARTMENT USE:

REQUEST RCVD. BY _____	ID# _____	DATE _____	TIME _____
DATE EXPEDITED _____	BY _____	ID# _____	METHOD _____

ESPD #122 S://Authorized Forms/Application for Release of Traffic/Crime Report (Rev 09/18)

(See Reverse for Instructions)

FOR DEPARTMENT USE:

INSTRUCTIONS: Please fill out and submit this request either in person or by mail to:

**Escondido Police Department
1163 N. Centre City Parkway
Escondido, CA 92026
Attn: Records**

If request is mailed, a police department representative will contact you to come to the police department to provide proper identification and payment for the requested report. Requests take from 4 to 10 business days to be processed. All reports are subject to release in accordance with the California Public Records Act.