



REQUEST FOR REPORT RELEASE

Filling out this form is optional and is designed to assist SBPD personnel in locating the records you are requesting

REPORT NUMBER: _____ DATE OF REQUEST: _____
TYPE OF REPORT: _____ DATE OF INCIDENT: _____
LOCATION OF INCIDENT: _____
PARTY/PARTIES INVOLVED (optional) : _____

Mailing address:

REQUESTOR'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: _____

PLEASE DO NOT WRITE BELOW THIS LINE

HOW RELEASED: Mailed Date: _____ Initials: _____
 Read Only In Person Date: _____ Initials: _____
Files checked for report: _____ by _____ by _____ by _____
RECEIPT#: _____ METHOD OF PAYMENT: Cash Check#: _____
Notes: _____