



Lindsay Department of Public Safety
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REPORT AND ARREST RECORD REQUEST

POLICE PERSONNEL HAVE THE RIGHT TO REFUSE ACCESS TO RECORDS IF THE REQUESTOR DOES NOT SATISFACTORILY ESTABLISH THEIR IDENTITY AND/OR THE RIGHT TO ACCESS SUCH RECORDS (California Government Code Section 6254(f)). THE INFORMATION REQUESTED BELOW IS NECESSARY TO DETERMINE IF A RECORD EXIST. FAILURE TO SUPPLY THIS INFORMATION MAY PREVENT THIS AGENCY FROM LOCATING AND PROVIDING A COPY OF THE RECORD. THIS APPLICATION WILL BE RETAINED IN THE RECORD FOLDER IF ONE EXIST.

CASE # _____ [] Traffic Collision [] Crime Report [] Arrest Report
Numero de caso *Accidente de tráfico* *Reporte* *Récord de arresto*

| | |
|--|---------------------|
| NAME: NOMBRE: | AGENCY: AGENCIA: |
| DATE OF BIRTH: FECHA DE NACIMIENTO: | |
| PHONE NUMBER (8AM-5PM) NUMERO DE TELEFONO (8AM-5PM) | |
| ADDRESS / CITY DOMICILIO/ CIUDAD: | |
| IF CASE NUMBER IS UNKNOWN TO HELP LOCATE RECORD FILL OUT BELOW <i>SI NO TIENE NUMERO DE CASO LLENE ABAJO</i> | |
| DATE/TIME INCIDENT OCCURRED: FECHA/HORA QUE OCURRIO EL INCIDENTE: | |
| LOCATION OF INCIDENT: LUGAR DONDE OCCURIO: | |
| NAME OF PERSON(S) INVOLVED: NOBRE DE PERSONAS CON QUIEN OCCURIO: | |
| REASON FOR NEEDING REPORT / RECORD RAZON POR QUÉ NECESITA EL REPORTE / RÉCORD | |

ALLOW UP TO 10 DAYS FOR RELEASE OF RECORDS
 PERMITA HASTA 10 DIAS PARA LA LIBERACION DE REGISTROS

PLEASE CHECK REPORT RETURN OPTION / MARCAR LA OPCIÓN PREFERIDA

Email/ *Correo Electronico* _____

In Person at the department/ *Recoger en persona*

The signatory below takes full responsibility for the information received and will incur all penalties for dissemination of the report and information received to any unauthorized person(s). I agree to pay for all applicable fees and charges for records I have requested (10 cents per printed page) *La persona que firme abajo asume toda la responsabilidad por la información recibida y incurrirá en todas las sanciones por dar o mostrar la información recibida a cualquier persona no autorizada. Acepto pagar todas las tarifas y cargos aplicables por los registros que he solicitado (10 centavos por página)*

X _____
SIGNATURE/ FIRMA **TODAY'S DATE / FECHA DE HOY**

| | |
|--|-----------|
| OFFICE USE ONLY | |
| Request Received: | |
| Identification confirmed: | |
| Released: Email, Fax, Mail or Counter Date: | Initials: |
| Denied: Reason: | |