Pacifica Police Department
POLICE REPORT COPY REQUEST

Please provide the information requested below (print legibly). Your request will take approximately 5 working days to process.

Report Number: _____ Date of Request: ASDFASDF

Type of Report: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Names of Parties Involved: 1) _____

2) _____

3) _____

Name of Person or Agency Requesting Report: ASDFASDF

Address: ASDFASDF

Telephone Number: ASDFASDFASDF

Alternate Number: _____

Comments:

Click inside the yellow box to upload your government issued ID

SUBMIT

DO NOT WRITE BELOW THIS LINE

Report Requested Is:

- ☐ Attached
- ☐ Withheld __ Pending Investigation
- ☐ Withheld __ insufficient information to process
- ☐ Not available
- ☐ Not on file
- ☐ Withheld __ can only be released by the San Mateo County District Attorney's office (650 __877 __5454)
- ☐ Withheld __ juveniles are involved (petitions for release of information must be approved by the Juvenile Court
- ☐ Not available __ per compliance with Privacy and Security Act of 1974

Method of Release/By/Date:

- ☐ Mailed _____
- ☐ Handled_____
- ☐ Phoned_____