

## City of Corning POLICE DEPARTMENT

Donald R. Atkins Chief of Police

774 Third Street

Your Name, Phone Number and Today's Date:

Corning, California 96021

(530) 824-7000 Fax (530) 824-7010

Representing (Client's Name) or Other Involved Party:

## **APPLICATION FOR RECORDS**

Government Code 6254(f) CVC Section 20012

Type of Report:  ☐ Traffic Collision		Report or Incider	
☐ Crime		Number:	
☐ Other		Date of Occurrence:	
	rolved - must present notarized le r Insurance Adjusting Agency ury	etter from person who yo	ou represent authorizing release
	Police Department Records Pe ot satisfactorily establish his/h		to refuse access to records if to access such records.
	TO BE COMPLETED BY	DECORDS DEDSON	INEI
Disposition Complete of Face She Request Suspect/			
Dispatcher:	Date Completed/Called:	Msg:	Advised:
Initials/Incomplete Date	tials/Incomplete Date Initials/Incomplete Date Initials/Incomplete Date		