



-REQUEST FOR POLICE REPORT-

In Person or Mailed Requests To:

Capitola Police Department
Attn: Records Division
422 Capitola Avenue
Capitola, CA 95010

Name: _____

Address: _____

City, State, Zip: _____

Contact Phone: _____

Capitola Police Report #: _____

Name of Party Listed in Report: _____

Date of Birth: Month _____ Day _____ Year _____

Your Interest In This Incident: _____

Type of Incident: _____

Date/Time of Occurrence: _____

Location of Occurrence: _____

Vehicle Involved: (License Plate Number / State) _____

I declare this statement to be true and correct:

Print Name Clearly

Signature

Date: _____

Note: All requests for copies of police reports will be handled in the order they are received and will be delivered to requester in person or by mail when completed. Some reports are restricted and/or inaccessible.

Requestor ID/DL: _____

RMS Signoff: _____

Date: _____