



HUNTINGTON BEACH POLICE DEPARTMENT
Application for Release of Records Information

DATE	CASE NUMBER
LOCATION OF INCIDENT	DATE OF INCIDENT

APPLICANT INFORMATION

NAME	DATE OF BIRTH
ADDRESS	
HOME PHONE ()	BUSINESS PHONE ()
DRIVER'S LICENSE NUMBER	STATE
NAME OF AGENCY REQUESTING INFORMATION	
HOW DO YOU WISH TO RECEIVE THIS INFORMATION <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> FAX (Number) _____	
APPLICANT INVOLVEMENT <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INSURANCE * <input type="checkbox"/> ATTORNEY * <input type="checkbox"/> PARENT/GUARDIAN <input type="checkbox"/> POLICE OFFICER <input type="checkbox"/> PROBATION/PAROLE <input type="checkbox"/> OTHER _____	
* Insurance/Attorney must provide proof of authorization	
INFORMATION REQUESTED <input type="checkbox"/> CRIME/INCIDENT REPORT <input type="checkbox"/> FINGERPRINT CARDS <input type="checkbox"/> MUG SHOTS <input type="checkbox"/> LOG ITEM <input type="checkbox"/> ARREST REPORT <input type="checkbox"/> OTHER _____ <input type="checkbox"/> PHOTOGRAPHS <input type="checkbox"/> ACCIDENT REPORT	
REASON FOR INFORMATION <input type="checkbox"/> COURT <input type="checkbox"/> INSURANCE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> ATTORNEY	
PERSON INFORMATION IS REQUESTED ON	NAME DATE OF BIRTH
CERTIFICATION I certify under the penalty of perjury that... I am, or represent... the party of interest identified in the information listed herein. SIGNATURE _____ DATE _____	

RECORDS BUREAU USE ONLY

IDENTIFICATION VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	FEES PAID <input type="checkbox"/> YES <input type="checkbox"/> NO	AUTHORIZATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	HOW INFORMATION WAS RELEASED <input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> VIEW
REASON FOR DENIAL <input type="checkbox"/> Disclosure would endanger the successful completion of the investigation. <input type="checkbox"/> Disclosure would endanger the safety of an involved person. <input type="checkbox"/> Applicant is not an "involved" party. <input type="checkbox"/> Other _____			
APPLICANT WAS ADVISED OF THE DENIAL <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> FAX			

RECORDS REQUEST RECEIVED BY _____ DATE _____	APPROVED/DENIED BY _____ DATE _____	RELEASED BY _____ DATE _____
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