

MADERA POLICE DEPARTMENT

APPLICATION FOR RELEASE OF INFORMATION

DATE OF REQUEST: _____ REPORT # _____

NAME & DOB OF SUSPECT / OFFENDER: _____

NAME & DOB OF VICTIM: _____

LOCATION OF OCCURRENCE: _____

DATE & TIME REPORTED _____

STATUS OF REQUESTING PARTY: (CHECK ONE)

1. Victim / Parent or Guardian of Victim
2. Authorized Representative of Victim
3. Insurance Carrier
4. Person Involved in Accident
5. Owner of Damaged Property
6. Party Accused of a Crime
7. Interest Party (Must specify interest or involvement below)

I declare, under penalty of perjury, that I am the party of interest as checked above.

Signature: _____ Phone: _____

Company / Business: _____

Address: _____

DO NOT WRITE BELOW THIS LINE

Amount Received: \$ _____ Cash Check Credit Card

Fee Received by: _____ Date Received _____

Copy Released _____ Copy Denied _____ Reason for Denial _____