



# Report Request

## CENTRAL MARIN POLICE AUTHORITY

250 DOHERTY DRIVE, LARKSPUR, CA 94939 (415) 927-5150  
Corte Madera/Larkspur/San Anselmo

Date of request: \_\_\_\_\_ Name of Applicant/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Report:	<input type="checkbox"/>	Traffic Collision
	<input type="checkbox"/>	Crime Report
	<input type="checkbox"/>	Other (Specify): _____
	<input type="checkbox"/>	Good Conduct Letter (Requires Date of Birth): _____
Case/Incident Number:	_____	Date/Time of Occurrence: _____
Location of Incident:	_____	
Name of Person Involved:	_____	
Reason for Request:	_____	
	_____	
	_____	

### **PARTY OF INTEREST (PLEASE CHECK ONE)**

- PERSON INVOLVED: (Driver, Passenger, Pedestrian, or Victim)
- PROPERTY OWNER
- AUTHORIZED INDIVIDUAL (Signed, Written, Authorization is Required)
- PARENT/GUARDIAN OF JUVENILE PARTY
- REPRESENTATIVE OF INSURANCE COMPANY OR ADJUSTING AGENCY
- OTHER PARTY OF INTEREST (Specify): \_\_\_\_\_

I declare under penalty of perjury that:  
\_\_\_\_\_ I am \_\_\_\_\_ I represent \_\_\_\_\_ I am an attorney representing the party of interest  
identified in the report recorded hereon.

**SIGNATURE:** \_\_\_\_\_

**RECORDS DIVISION USE ONLY (BELOW THIS LINE)**

FEE: \$5.00/\$10.00/\$25.00/Waived

Release Authorized by: \_\_\_\_\_ Date Authorized: \_\_\_\_\_

Record Released by: \_\_\_\_\_ Date Released: \_\_\_\_\_

**IDENTIFICATION REQUESTED:** \_\_\_\_\_ **YES NO ID NO./TYPE:** \_\_\_\_\_

Applicant Notified: \_\_\_\_\_ Pending, request incomplete: \_\_\_\_\_