



Newman Police Department

1200 Main Street P.O. Box 787 Newman, CA 95360
Phone: (209)862-2902 Fax: (209)862-4151

APPLICATION FOR RELEASE OF INFORMATION NEWMAN POLICE DEPARTMENT

DATE AND TIME OF OCCURRENCE: _____ REPORT NUMBER (IF KNOWN): _____

TYPE OF REPORT: TRAFFIC COLLISION CRIME PROPERTY OTHER

LOCATION OF INCIDENT _____

NAME AND ADDRESS OF APPLICANT/AGENCY _____

PHONE # _____

PARTY OF INTEREST (PLEASE CHECK ONE)

PERSON INVOLVED:
DRIVER, PASSENGER, PEDESTRIAN VICTIM

REPRESENTATIVE OF INSURANCE COMPANY OR INSURANCE
ADJUSTING AGENCY

PROPERTY OWNER

ATTORNEY

AUTHORIZED INDIVIDUAL
(SIGNED AUTHORIZATION IS REQUIRED)

OTHER PARTY OF INTEREST (SPECIFY)

PARENT/GUARDIAN OF JUVENILE PARTY

CERTIFICATION

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

SIGNATURE _____ HOME PHONE: _____ CELL PHONE _____

IMPORTANT-PLEASE READ

There is a \$15.00 cash fee for each report requested. Picture ID and payment is due at time of request. You will be notified when cases are ready for pick up. Police reports are controlled documents and by law, duplication is not permitted. If you need a copy for your attorney, please specify at time of request and we will provide the duplicate copy at no extra charge. Reports should be kept in a safe place as we will not provide another copy at a later date. I have read, understand, and acknowledge the above paragraph.

Signature

Date

* Please have your ID available.

***** Office Use Only *****

Records Released to Applicant? Yes No Date _____ By _____

Request Denied per Section _____ Date _____ By _____