



Stanislaus County Sheriff's Department  
Jeff Dirkse  
Sheriff-Coroner

Report #'s (Copies of reports)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Calls for Service Request (Print-Out of calls at location)  
Date range: From \_\_\_\_\_ To \_\_\_\_\_  
Location/Address: \_\_\_\_\_

*The fee for a report is \$5 for the first four pages and \$1 for each additional page.*

*Per Government Code Section 6253 (c), each agency, upon request for a copy of records, shall determine within 10 days after the receipt of such request whether to comply with the request.*

Name of Person Requesting Report: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Suspect Name: \_\_\_\_\_ Date/Time reported: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

**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 INCIDENT
- 5. OWNER OF DAMAGED/STOLEN PROPERTY
- 6. MEDIA
- 7. PARTY ACCUSED OF CRIME
- 8. INTERESTED PARTY (SPECIFY) \_\_\_\_\_

Are there any juveniles involved in the report? Yes  or No

**\*\*REASON FOR REQUEST (BE SPECIFIC):** \_\_\_\_\_

**\*\*DISCLAIMER\*\***

**All report requests MAY be reviewed by a Detective Supervisor prior to release.**

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

**SIGNATURE:** X \_\_\_\_\_ **DATE:** \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Blocked #? Yes or No

Additional phone # \_\_\_\_\_ Blocked #? Yes or No

Mailing address: \_\_\_\_\_

If for a business, name of business: \_\_\_\_\_

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Request Taken by: \_\_\_\_\_ Date: \_\_\_\_\_

Report Released by: \_\_\_\_\_ Date: \_\_\_\_\_