



San Leandro Police Department  
901 E. 14<sup>th</sup> Street  
San Leandro, CA 94577  
510 577-3217

Received Stamp

## Public Record Request

Case or Incident Number: \_\_\_\_\_

### REQUESTER INFORMATION

|                                                                                                                                                   |        |                                         |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------|-------|
| Name: (Last, First)                                                                                                                               |        | Date of Birth:                          |       |
| Address:                                                                                                                                          |        | Phone:                                  |       |
| City:                                                                                                                                             | State: | Zip:                                    |       |
| Business Name:                                                                                                                                    |        |                                         |       |
| Business Address:                                                                                                                                 |        | Business Phone:                         |       |
| City:                                                                                                                                             | State: | Zip:                                    |       |
| Relationship to Involved Party:                                                                                                                   |        |                                         |       |
| Brief description of detail if case number is not known:                                                                                          |        |                                         |       |
|                                                                                                                                                   |        |                                         |       |
| <b>DO NOT WRITE BELOW THIS LINE</b>                                                                                                               |        |                                         |       |
| Request Reviewed By:                                                                                                                              |        | Date:                                   |       |
| <input type="checkbox"/> Release Approved                                                                                                         |        | <input type="checkbox"/> Release Denied |       |
| Reason for Denial:                                                                                                                                |        |                                         |       |
|                                                                                                                                                   |        |                                         |       |
| Requester Notified By:                                                                                                                            |        | Date:                                   | Time: |
| <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Voice Mail <input type="checkbox"/> Left Message with _____ |        |                                         |       |
| Requester Received Copy:                                                                                                                          |        |                                         |       |
| <input type="checkbox"/> By Mail                                                                                                                  |        | <input type="checkbox"/> In Person      |       |
| Signature: _____                                                                                                                                  |        |                                         |       |
| Notes:                                                                                                                                            |        |                                         |       |
|                                                                                                                                                   |        |                                         |       |
|                                                                                                                                                   |        |                                         |       |

This form is to be scanned to the original case file when completed