**SANTA BARBARA COUNTY SHERIFF’S OFFICE REQUEST FOR INFORMATION OR RECORDS**

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| --- | --- | --- | --- |
| Information Requested: | [ ]  Crime Report | [ ]  Citation | [ ]  Accident Report |
| [ ]  Other:   |
| Report Number: |       | Date of Incident: |       |
| Location: |       |
| Name of involved person: |       |
| Reason for requesting information: |       |
| Party of interest (Please check one)[ ]  Victim [ ]  Law Enforcement Agency [ ] Insurance Company [ ]  Property Owner[ ]  Driver/Passenger [ ]  Peace Officer [ ]  Attorney [ ]  Parent/ Guardian of juvenile[ ]  Reporting Party [ ]  Other:  |
| **CERTIFICATION:** I declare under penalty of perjury that [ ]  I am [ ]  I represent the party of interest identified in the report recorded hereon. |
| **REQUESTED BY:**  Date:  |
| Signature: |  | Phone Number:  |
| Report Picked up by:  |  | Date:  |
|  |
| **RECORDS USE ONLY** | **BODY #:** |  |
| [ ]  Denied: [ ]  Arrest reports released by District Attorney [ ]  Probation Officer who has jurisdiction over case [ ]  Case still under investigation [ ]  Case is Protected Information [ ]  Other:  Date:  |
|  |
| [ ]  Approved by:  Title:  Date:  |
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