

SANTA BARBARA COUNTY SHERIFF'S OFFICE REPORT REQUEST FORM

Report Type:	Crime Report	Accident Report	Citation	
	Other			
Report/Citation Number:				
Date of Report/Citation:				
Location of Report/Citation:				
Reason for Request:				
Requesting Party:	Victim		Victim Representative	
	Attorney		Parent/Guardian of Juvenile Victim	
	Property Owner		Insurance Company	
	Law Enforcement Agency		Driver/Passenger	
	Other			
CERTIFICATION: I declare und	der penalty of perjury tha	at		
I am the party of interest id	entified in the report rec	orded hereon.		
I represent the party of inte	erest identified in the rep	ort recorded heron.		
Print Name: Signatu			:	
Date:	Contact Number:			
	RE	ECORDS USE ONLY		
Request Received By:			Date Received:	
Request APPROVED By:				
Request Picked Up By:			Signature:	
Contact Number:			Date:	
Request DENIED By:				
Reason for Denial:				
Case still under investigation	on			
Case is "Protected Informa	ation"			
Notified By:			Date/Time:	