

SANTA BARBARA COUNTY SHERIFF'S OFFICE REPORT REQUEST FORM

Report Type:	Crime Report - Victims Only: \$9.50	Accident Report: \$9.50	Photos: \$10.00
	Accident Report w/Photos: \$19.50	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	ler penalty of perjury that		
I am the party of interest ide	entified in the report recorded hereon.		
I represent the party of inte	rest identified in the report recorded her	on.	
Print Name:	Signature:		
Date:	Contact Number:		
	RECORDS USE O	DNLY	
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 Information	tion"		
Notified By:		Date/Time:	