# SANTA BARBARA COUNTY SHERIFF'S OFFICE
# REPORT REQUEST FORM

Report Type:
- ◯ Crime Report - Victims Only: $15.00
- ◯ Accident Report: $15.00
- ◯ Photos: $25.00
- ◯ Accident Report w/Photos: $40.00
- 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 under penalty of perjury that

◯ I am the party of interest identified in the report recorded hereon.

◯ I represent the party of interest identified in the report recorded heron.

Print Name: _____ Signature: _____

Date: _____ Contact Number: _____

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**RECORDS 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

◯ Case is "Protected Information"

Notified By: _____ Date/Time: _____