



# ALBANY POLICE DEPARTMENT

## PUBLIC RECORDS REQUEST



Completion of this form is voluntary but will help us assist you in making a focused and effective request that reasonably describes an identifiable record (**Government code §7922.600(a)**). Records will only be held for 5 days after date of notification.

**Government Code §7923 et. seq:** Certain contents of the Police Incident Report may not be deemed public information and your copy of the report will be edited to comply with provisions of the law.

**Government Code §7920.000:** The Albany Police Department has up to **10 days** from the time of your request to determine if the report may be released. Once it has been determined the report can be released, the report will be released as expeditiously as possible. **There is no same day service at this time.**

### REQUESTOR INFORMATION

The information below is optional, but we must have a way to contact you regarding the status of your request.

Date of Request \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

When the records are available, please notify me by: ☐ Phone ☐ Mail ☐ E-mail ☐ Fax

Type of Report: <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Crime <input type="checkbox"/> Other	Report/Case Number: _____
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### PARTY OF INTEREST (Please Check One)

<input type="checkbox"/> Person Involved: Driver, Passenger, Pedestrian, or Victim <input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Individual <input type="checkbox"/> Parent/ Guardian of Juvenile Party	<input type="checkbox"/> Representative of Insurance Company or Insurance Adjusting Agency Name of Company: _____ <input type="checkbox"/> Attorney Name of Firm: _____ <input type="checkbox"/> Other Party of Interest (specify) _____
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**\*\*\*IF THE CASE NUMBER IS NOT KNOWN, PLEASE COMPLETE THIS SECTION. DO NOT FILL OUT THIS SECTION IF A CASE NUMBER HAS ALREADY BEEN PROVIDED\*\*\***

Date and time of Occurrence: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Name or Person on the Report: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vehicle License Plate or VIN: \_\_\_\_\_

Other Information: \_\_\_\_\_

### FOR DEPARTMENTAL USE ONLY

Record (check one): ☐ Released ☐ Redacted Release ☐ Denied

Reason for Denial: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_