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| PO Shield rgb | **WEST SACRAMENTO POLICE DEPARTMENT** | | | | | | | |
| **REPORT REQUEST FORM** | | | | | | | |
|  | | | | | | | |
| **Use a separate form for each request type** | | | | | | | | |
| **Name of Requestor – Last/First Name (Please Print Legibly)** | | | | | **Date of Request** | | **Contact Number** | |
|  | | | | |  | |  | |
| **Agency/Company** | | | **Email Address** | | | | **Fax Number** | |
|  | | |  | | | |  | |
| **Address City Zip Code** | | | | | | | | |
|  | | | | | | | | |
| **PART 2 – DOCUMENT / INFORMATION REQUESTED** | | | | | | | | |
| **Report/Incident/Traffic Collision/Citation No.** | | **Date of Report/Incident** | | | | **Time of Incident** | | **a.m.**  **p.m.** |
| **Location of Incident** | | | | **Name of Involved Party** | | | | |
| **REQUEST DESCRIPTION:** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

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| --- | --- |
| **PART 3 – FEE CALCULATION AND COLLECTION – Complete if fees are to be collected by the Records Division** | |
| **Copy Fee:** | **Number of Copies: \_\_\_\_\_\_\_ X $.20/page = $** |
| **TOTAL COST $** | |

**PART 4 – FOR RECORDS DIVISION USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Records Technician Assigned:** |  |  |  |

**Initials Badge No. Date**

**HOW TO COMPLETE THE FORM:**

Complete a Report Request Form for each request. Additional forms are available on

The West Sacramento Police Department Website ([www.westsacpd.org](http://www.westsacpd.org)).

Written requests are encouraged, but are not required. Request Forms shall be processed when received:

* In person, Monday through Friday, between the hours of 8:00am and 5:00pm, except holidays:
* Via email to [policerecords@cityofwestsacramento.org](mailto:policerecords@cityofwestsacramento.org);
* Via U.S. Mail (550 Jefferson Blvd. West Sacramento, CA 95605):
* Via Facsimile (916-373-0517):