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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;
* Via U.S. Mail (550 Jefferson Blvd. West Sacramento, CA 95605):
* Via Facsimile (916-373-0517):