CSU - SAN BERNARDINO POLICE

REPORT/RECORDS REQUEST FORM

Date of Request: ______________

TYPE OF REPORT

☐ CRIME
☐ ACCIDENT
☐ OTHER - Use to describe other or give further details of request:

CASE #: ____________

Requestor Name: __________________________________________________________________________

OR Company or Agent Requesting:

Mailing Address: __________________________________________________________________________
City, State, Zip

Mailing Address: __________________________________________________________________________
City, State, Zip

Date of Birth: ____________ CDL #: ____________ Phone: ____________

E-mail Address: __________________________________________________________________________

E-mail Address: __________________________________________________________________________

DISCLOSURE: Pursuant to the California Public Records Act 7922.53(a) each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, shall promptly notify the person making the request of the determination and the reasons therefor. Notification will be made by phone and/or e-mail. All fees will be paid upon pick up, once approved. Please submit this form in person, by fax (909) 537-7499, or mail to the following address: CSU - San Bernardino Police / 5500 University Pkwy. / San Bernardino, CA 92407. If you have further questions please call (909) 537-3552.

Cost:
$0.10 - per page (standard/legal size)
$0.20 - per page (Special Handling)

Due at the time of pick up.

Requestor Signature: ____________________________ Date: ____________

Cost: $0.10 - per page (standard/legal size)

Department Use Only

Date Accepted: ____________________________

☐ APPROVED

☐ DENIED Reason: _________________________________________________________________________

Notification by:

☐ PHONE

☐ E-MAIL

☐ Mail

Employee making notification: ____________________________ Date: ____________

Total Cost: Clerical Time

Circle: 1 Hr. / $0.__ (# Quarters in Hr.)

# of Pages ________ / Standard / Legal

Fees Exempt / ________ Approved by (Initials)

Total: ____________

BURSARS RECEIPT #: ____________

□ CASH □ CHECK / # ____________

Released by: ____________________________ ID #: ____________

Date Picked up: ____________ Requestor Signature: ____________________________

Report Request 2006

Reviewed by: ____________________________ Date: ____________