



# 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  -

Phone  -

E-mail Address:

E-mail Address:

**DISCLOSURE:** Pursuant to the California Public Records Act, 6253(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:** Clerical Time \$24 Hr / \$6 Quarter  
\$0.10 - per page (standard/legal size)  
\$0.20 - per page (Special Handling)

**Due at the time of pick up.**

Requestor Signature: \_\_\_\_\_

Date \_\_\_\_\_

**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. / \_\_\_\_\_ (# Quarters in Hr.)    Fees Exempt / \_\_\_\_\_  
# of Pages \_\_\_\_\_ / Standard / Legal   Approved by (Initials)

**TOTAL** \_\_\_\_\_

BURSARS RECEIPT # \_\_\_\_\_

CASH    CHECK / # \_\_\_\_\_  
Released by: \_\_\_\_\_

ID # \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date \_\_\_\_\_

Date Picked up \_\_\_\_\_

Requestor Signature: \_\_\_\_\_