



Yreka Police Department Request for Release of Information

412 W. Miner St.
Yreka, CA 96097
(530) 841-2300
(530) 841-2310 – Fax

YPD 125

Name of Person Making Request:		Date of Request:
Mailing Address:		Phone Number:
Date and Time of Occurrence:	Type of Report: <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Criminal <input type="checkbox"/> Incident Only	Case Number (If Known):
Location of Incident:		Name of Driver or Property Owner:
Party of Interest (Please Check One)		
<input type="checkbox"/> Person Involved: Driver, Passenger, Pedestrian or Victim	<input type="checkbox"/> Representative of Insurance Company or Insurance Adjusting Agency	
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Attorney	
<input type="checkbox"/> Authorized Individual: (Signed Authorization is Required)	<input type="checkbox"/> Other Party of Interest (Please Specify)	
<input type="checkbox"/> Parent/Guardian of Juvenile Party _____ Juvenile Name	_____ _____ _____	
Certification		
I declare under penalty of perjury that <input type="checkbox"/> I am <input type="checkbox"/> I Represent <input type="checkbox"/> I am an Attorney Representing		
the party of interest identified in the report recorded hereon. I also understand that per California Government Code Section 6253(c) the Yreka Police Department has ten (10) days to review the request and respond either verbally or in writing to the party of interest listed above whether or not the requested information can be released. I also understand that per California Government Code Section 6254(f) suspected individuals named in the report being requested are not eligible to receive a copy of the report, or any related documents therein, until the case has been adjudicated.		
Signature _____		

Please complete this form and return it to the Yreka Police Department Records Division.