



Union City Police Department

34009 Alvarado-Niles Road, Union City California 94587

RECORDS UNIT PHONE 510-471-1365 FAX 510-471-5974

REQUEST FOR A COPY OF POLICE REPORT OR PHOTOGRAPHS

PER GOVERNMENT CODE SECTION 6253 YOUR REQUEST COULD TAKE **10** DAYS

Type of Report: <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Crime	Report Number: _____
<input type="checkbox"/> Public Records Act (Type of Report):	<input type="checkbox"/> Report <input type="checkbox"/> Photographs

INFORMATION REQUESTED BY: _____ DATE REQUESTED: _____

Name: _____ Phone Number(s) _____ (Home) (Cell)

Address: _____

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 Name of Company: _____
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Attorney: Name of Firm: _____
<input type="checkbox"/> Authorized Individual (Signed Authorization is Required)	<input type="checkbox"/> Other Party of Interest: Specify: _____
<input type="checkbox"/> Parent / Guardian of Juvenile Party	

IF REPORT NUMBER IS NOT KNOWN, PLEASE COMPLETE:

Date and Time of Occurrence: _____ Location of Incident: _____

Name of Person on the Report: _____ Date of Birth: _____

Vehicle License Plate / Vehicle ID Number: _____

Officer's Name or Badge Number: _____

CERTIFICATION

I declare under the penalty of perjury that I am / I represent: _____
(Person Named in Report)

Signed: _____

POLICE DEPARTMENT USE ONLY

Released By: _____ Date Released: _____
Identification Type: _____ Identification Number: _____

Remarks: _____

Denied By: _____ Reason for Denial: 6254(f) of the U.S. Government Code Referred to DA's Office

Provided Copies of Form JV-575/580 841.5 California Penal Code Other: _____