NOVATO POLICE DEPARTMENT RECORDS REQUEST



909 Machin Avenue, Novato CA 94945 | Phone: (415) 897-4361 | Fax: (415) 898-5344

| REQUEST TYPE: CRIME REPORT TRAFFIC REPORT CALL FOR SERVICE SUMMARY ADDRESS HISTORY | REPORT/INCIDENT DATE: | REPORT/INCIDENT NUMBER(S): |
|--|---|--|
| NAME OF INVOLVED PERSON(S): | | |
| YOU ARE THE (CHECK ONE): | | |
| ☐ Victim ☐ Driver ☐ | Property Owner | ent |
| ☐ An authorized representative of the involved person(s) | | |
| ☐ Any person suffering bodily injury or property damage as a result of the incident | | |
| COMPLETE THIS SECTION FOR AUTOMATED ADDRESS HISTORY ONLY: | | |
| | | |
| | | |
| SEARCH DATES: | | |
| PURPOSE OF REQUEST: | | |
| PRINT NAME OR FIRM: | | |
| ADDRESS: | | |
| PHONE: | | |
| | | |
| I declare under penalty of perjury that I am (or represent) the person/agency described above. | | |
| Signature | | Date |
| All releases are conditional, relative to the California Public Records Act 6254(f) G.C., 5157 W&I, 828 W&I and 293 PC which prohibit the disclosure of: the names | | |
| and addresses of suspects, mental health holds, juv confidential informants, information which could end | enile detentions, narcotic, sex, and arson registrants, vi langer the safety of witnesses or other involved persons of the released to the suspects or persons arrested in the incident | ctims of sex, hate, and domestic violence crimes, or endanger the successful completion of a case or |
| | | |
| | Released by Records: | |
| | | _ Date: |
| | | _ Date: |
| ☐ Payment Due: ☐ No | Fee | ☐ Call When Ready |

NPD Form: 20-41-37 Rev.: 12/03/2018