

**COALINGA POLICE DEPARTMENT**  
**CHIEF OF POLICE: Michael Salvador**

**270 N. Sixth Street**  
**Coalinga, CA 93210**

**Dispatch Phone: 559-935-1525**  
**Records Phone: 559-935-2313**  
**Fax: 559-935-1756**



**APPLICATION FOR RECORDS INFORMATION**

**CASE#** \_\_\_\_\_

1. Record type: ( ) Traffic Collision ( ) Arrest Report  
( ) Crime Report ( ) Other (specify) \_\_\_\_\_
2. Location of incident: \_\_\_\_\_
3. Date of incident: \_\_\_\_\_ Time \_\_\_\_\_
4. Person Involved: (Driver, Passenger, Victim, Property Owner, Other: \_\_\_\_\_)  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
5. Reason for Request: (Complete A or B below, Sign and Date)  
A. I represent the individual listed in section 4 above with her/her consent. I am:  
( ) The individual named above ( ) The individual's parent  
( ) The individual's attorney ( ) The insurance agent  
( ) The individual's spouse ( ) Other: \_\_\_\_\_  
B. I DO NOT represent the individual listed in section 4. My request for information is based upon the belief that I am entitled to such information due to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME (please print):** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **WORK/CELL PHONE** \_\_\_\_\_  
**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**FAX #:** \_\_\_\_\_  
**AGENCY REPRESENTED (if applicable)** \_\_\_\_\_

NOTE: The report will be mailed within ten (10) working days if entitled. If not, you will be notified by mail or phone for further information if needed. (GOVT. CODE SECTION 6256)

**DO NOT WRITE BELOW. OFFICIAL USE ONLY**

Request Disposition: **APPROVED** \_\_\_ **DENIED** \_\_\_ Date: \_\_\_\_\_  
Records Dept. Representative: \_\_\_\_\_ ID# \_\_\_\_\_  
Was requestors ID verified?: Yes \_\_\_ NO \_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_