



To submit: Email form to: Records@fremont.gov

APPLICATION FOR RELEASE OF INFORMATION

*** PER GOVERNMENT CODE SECTION 7922.535 YOUR REQUEST COULD TAKE 10 DAYS ***

Type of Report: <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Crime	Report Number: _____
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INFORMATION REQUESTED BY:

Name _____

Address: _____

Email: _____

Phone (mobile) _____

Phone (work) _____

Phone (home) _____

DATE REQUESTED: _____

CERTIFICATION

I declare under the penalty of perjury that

I am / I represent: _____

(Person named in Report)

SIGNED: _____

PARTY OF INTEREST (Please Check One) – PROOF OF IDENTITY WILL BE REQUIRED*

- Person Involved:
Driver, Passenger, Pedestrian, or Victim
- Property Owner
- Authorized Individual
(Signed Authorization is Required)
- Parent / Guardian of Juvenile Party

- Representative of Insurance Company or
Insurance Adjusting Agency
Name of Company: _____
- Attorney:
Name of Firm: _____
- Other Party of Interest (Specify) _____

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: _____

*Presenting a valid, photo government ID will be required to obtain a copy of the report verifying you are the party of interest as stated above

FOR DEPARTMENTAL USE ONLY

Approved By: _____ Denied By: _____ Released By: _____

Date Released: _____ Amount: _____ cash _____ check# _____ other _____

REMARKS: _____

Driver's License Number: _____ Delivery Method: _____

CONFIDENTIAL INFORMATION HAS BEEN OBLITERATED IN ACCORDANCE WITH SECTION 6254(F) OF THE CALIFORNIA PUBLIC RECORDS ACT OR THE TNG ORDER OF ALAMEDA COUNTY SUPERIOR COURT / JUVENILE DIVISION.

REPORT NUMBER _____