



# Gilroy Police Department

City of Gilroy  
7301 Hanna Street  
Gilroy, California  
95020-6129

Admin. (408) 846-0310  
Comm. (408) 846-0350  
Records (408) 846-0300  
Fax (408) 846-0339

## REQUEST TO OBTAIN RECORDS

Government code §6254 (f), Vehicle code §20012, and other State codes limit those who are eligible to receive copies of police reports or other police records. Please complete this application and submit it to the Records Department. Once received, we will process your request as quickly as possible. We will contact you when the report is available to be picked up or the records will be mailed to your address (if fees paid upon request). The fee for police records is **\$0.10 per page (plus postage, if applicable).**

The completed form can be emailed to: [pdrecordsrequests@cityofgilroy.org](mailto:pdrecordsrequests@cityofgilroy.org)

The information below is requested only to expedite the locating of the information requested. Some report releases will require Identification to prove identity of the individual receiving the report. This is done to protect the privacy of the individuals involved.

TODAYS DATE:		TYPE OF REPORT:		REPORT NUMBER (IF KNOWN):
<input type="text"/>		<input type="text"/>		<input type="text"/>
LOCATION OF INCIDENT:	DATE & TIME OF INCIDENT:		NAME OF INVOLVED PARTY:	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
NAME OF REQUESTOR:			PHONE NUMBER:	
<input type="text"/>			<input type="text"/>	
ADDRESS (STREET, CITY, STATE, ZIP):				
<input type="text"/>				
INFORMATION REQUESTED (Please be as Specific as Possible to expedite your request):				
<input type="text"/>				
<input type="radio"/> I request the copies <b>be mailed</b> to the address I listed above <input type="radio"/> I request the copies <b>be held</b> at the police department for pickup <input type="radio"/> I request to <b>view only</b> the records requested, no copies are being requested at this time. I understand that if I want copies I need to submit a second request for the information.				
<b>CERTIFICATION</b>				
Required if information is subject to selective release (i.e. Vehicle Accident Reports)				
I declare under the penalty of perjury that _____ the party of interest identified in the report recorded				
Signature _____			Date _____	
<b>FOR OFFICIAL USE ONLY</b>				
RECEIVED BY: _____	DATE RECEIVED: _____	APPROVED BY: _____	DENIED BY: _____	
DENIAL REASON: _____				
CONTACT ATTEMPTED: _____				
RELEASSED/MAILED BY: _____ DATE: _____ FEES COLLECTED: _____ BY: _____				