

**BRAWLEY POLICE DEPARTMENT  
REQUEST FOR INFORMATION OR RECORDS**

Police Report # \_\_\_\_\_

\*Applicant is to fill out this form as completely as possible and must sign below for certification.\*

*\*There is an \$20.00 processing fee due upon receipt of report/log entry.\**

Request may be submitted to: [PoliceRecords@brawley-ca.gov](mailto:PoliceRecords@brawley-ca.gov)

PARTY REQUESTING REPORT/INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Date, Time & Location of Incident \_\_\_\_\_

PLEASE CHECK ONE

- |  |  |
|--|--|
| <input type="checkbox"/> Victim/Driver/Passenger/Pedestrian                          | <input type="checkbox"/> Property/Vehicle Owner                  |
| <input type="checkbox"/> Parent or Guardian  | <input type="checkbox"/> Insurance Company                       |
| <input type="checkbox"/> Attorney  | <input type="checkbox"/> Other Party of Interest (specify) _____ |
| <input type="checkbox"/> Representative of Law Enforcement (Agency Requesting) _____ |  |

TYPE OF REPORT/INFORMATION REQUESTED (Check One)

- |  |   |
|--|---|
| <input type="checkbox"/> Burglary              | <input type="checkbox"/> Traffic Accident |
| <input type="checkbox"/> Theft                 | <input type="checkbox"/> Robbery          |
| <input type="checkbox"/> Vandalism             | <input type="checkbox"/> Arrest           |
| <input type="checkbox"/> Crime of Violence     | <input type="checkbox"/> Body Worn Camera |
| <input type="checkbox"/> Other (explain) _____ |   |

REASON FOR REQUESTING REPORT/INFORMATION (Check One)

- |   |   |
|---|---|
| <input type="checkbox"/> Insurance Claim  | <input type="checkbox"/> Personal Records       |
| <input type="checkbox"/> Civil Action     | <input type="checkbox"/> Criminal Investigation |
| <input type="checkbox"/> Parole/Probation | <input type="checkbox"/> Other (explain) _____  |

INDIVIDUAL TO PICK UP THE REQUEST

- |  |   |
|--|---|
| <input type="checkbox"/> Reporting Party | <input type="checkbox"/> Other (provide name) _____ |
|--|---|

Upon receiving a request for a copy of a record, the public agency must determine within ten (10) working days whether or not the copy will be provided. Notice of the decision must be made to the person requesting the record. If "unusual circumstances", as defined in Government Code Section 6253(c), exist, an extension of not more than 14 working days is allowed to complete the determination. Code Section 6253(c) states:

I certify that the above information applied for is necessary in the due administration of laws and not for the purpose of assisting a private citizen in carrying on his personal interest or in maliciously or uselessly harassing, degrading or humiliating any person (11105 PC).

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature)

Note: The Brawley Police Department's Records Division has the right to refuse access to records if the requester does not satisfactorily establish his/her identity, and the right to access such records.

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**TO BE COMPLETED BY RECORDS DIVISION**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Suspect Info Omitted             | <input type="checkbox"/> Log Entry Only | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Complete Copy Given              | <input type="checkbox"/> Viewed Only    |                                      |
| <input type="checkbox"/> Request Denied Pursuant to _____ |   |                                      |

ISSUING CSO ID# \_\_\_\_\_ DATE \_\_\_\_\_ FEE \_\_\_\_\_ RECEIPT # \_\_\_\_\_

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