



Sanger Police Department

Request for Information

Case Number _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Number: _____

Driver's License/Identification Number: _____

Date of Incident: _____

Type of Police Report: _____

Location of Incident: _____

Reason for your Request: _____

Note: Penal Code Section 11143: Any person except those specifically referred to in Section 1071 of the Evidence Code, who, knowingly is not authorized by law to receive a record or information obtained from a record, knowingly buys, receives, or possesses the record of information is guilty of a misdemeanor.

I certify that the information requested is necessary for the due administrations of the laws and not for the purpose of assisting a private citizen on his/her personal interest or in maliciously or uselessly harassing, degrading, or humiliating any person. I further certify that I have a right to know, as defined by the Attorney General of the State of California.

Signature: _____ Date: _____