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 codes §7923.600 - 7923.630, 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 are 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

The information below is requested only to expedite the location 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.

TODAY'S DATE:	TYPE OF REPORT:	REPORT NUMBER (IF KNOWN):
LOCATION OF INCIDENT:	DATE & TIME OF INCIDENT:	NAME OF INVOLVED PARTY:
NAME OF REQUESTOR: DATE OF BIRTH:		PHONE NUMBER:
ADDRESS (STREET, CITY, STATE, ZIP):		
INFORMATION REQUESTED (Please be as Specific as Possible to expedite your request):		

- ◯ I request the copies **be mailed** to the address I listed above
- ◯ I request the copies **be held** at the police department for pickup
- ◯ I request the copies **be emailed** (maybe required to provide ID)

email address:

CERTIFICATION

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 _____

FOR OFFICIAL USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____ APPROVED BY: _____ DENIED BY: _____

DENIAL REASON: _____

CONTACT ATTEMPTED: _____

RELEASED/MAILED BY: _____ DATE: _____ FEES COLLECTED: _____ BY: _____

Clear Form