

PUBLIC RECORDS REQUEST

TYPE OF REQUEST INFORMATION		
Date of Incident: _____	Report Number: _____	Incident Number: _____
Location of Incident(s): _____		
Type of Request: <input type="checkbox"/> 911 CAD Printout(s) <input type="checkbox"/> Telephone Audio <input type="checkbox"/> Radio Audio <input type="checkbox"/> Premise History	Requester is: <input type="checkbox"/> Person Involved <input type="checkbox"/> Property Owner <input type="checkbox"/> Apartment Manager <input type="checkbox"/> Representative of Auto Insurance Co. <input type="checkbox"/> Private Attorney <input type="checkbox"/> Public Defender's Program <input type="checkbox"/> Other (specify): _____ _____ _____	Certification: I declare that the information provided by me is true and correct to the best of my knowledge. Name: _____ Address: _____ _____ Telephone #: _____ Signature: _____ Date of Request: _____ <i>Please provide a copy of requester's government issued ID and any necessary paperwork.</i>
RECEIVING REQUESTED MATERIALS		
<i>Materials will be released only after payment has been received</i>		
Schedule of Fees CAD Printout/Premise History: \$.10 per page CD/DVD/Scanned Documents: \$2.00 Clerical Costs: \$24.00 per hour Mailing Fee: \$3.00	Method of Delivery <input type="checkbox"/> I will pick up copies of the records. <input type="checkbox"/> Mail records to the address listed.	You may email your request to <u>taperequest@smcgov.org</u> or mail it to: Public Records Request Public Safety Communications, 400 County Center, PSC100 Redwood City CA 94063
Payment can only be made by Check or Cashier's Check.		
OFFICIAL USE ONLY		
Request received by: _____		Date received: _____
Request completed by: _____		Date completed: _____
Sent By: _____	Logged Date: _____	Misc. Notes: _____
Amount Received: _____	Paid By: <input type="checkbox"/> Check <input type="checkbox"/> Cashier's Check	

