



CITRUS HEIGHTS POLICE DEPARTMENT



Christopher W. Boyd
Chief of Police

INCIDENT NUMBERS
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REPORT REQUEST

REQUESTING PARTY USE			
TYPE OF REPORT			
<input type="checkbox"/>	CRIME	<i>Crime incidents may be released to the victim or authorized agent ONLY</i>	
<input type="checkbox"/>	TRAFFIC	<i>Traffic incidents may be released to any person or owner involved in the accident or authorized agent</i>	
Today's Date		Date of Incident	
Name of Victim / Business / Driver			
Location of Incident / Address			
Requesting Party's Last Name		First Name	Middle Name
Address		City	State Zip
Home Ph		Work Ph	Cell Ph
Interest in the Incident			
<input type="checkbox"/>	Crime Victim	<input type="checkbox"/>	Insurance Carrier for: _____
<input type="checkbox"/>	Involved in Accident	<input type="checkbox"/>	Attorney for: _____
<input type="checkbox"/>	Other (Explain) _____		
Signature: _____		Date: _____	

OFFICIAL USE ONLY			
Identification Verified <input type="checkbox"/> No <input type="checkbox"/> Yes ID#		Fees Paid <input type="checkbox"/> N/A	
Information Provided <input type="checkbox"/> All <input type="checkbox"/> Partial (see below) <input type="checkbox"/> Redacted <input type="checkbox"/> Not Redacted		Method of Release <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Viewed	
Request completed by <input type="checkbox"/> JL <input type="checkbox"/> SS <input type="checkbox"/> MR <input type="checkbox"/> DP <input type="checkbox"/> KS <input type="checkbox"/> KV <input type="checkbox"/> MS <input type="checkbox"/> CK		Authorization <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Reason marked below) <input type="checkbox"/> Disclosure would hinder successful completion of investigation <input type="checkbox"/> Requesting party is not listed as "involved" or a "victim" <input type="checkbox"/> Other: <input type="checkbox"/> Notification of denial provided <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone	
Date completed:		Pages Provided:	