

**SCOTTS VALLEY POLICE DEPARTMENT
APPLICATION FOR RELEASE OF INFORMATION**

DATE OF REQUEST	DATE OF ACCIDENT /INCIDENT	CASE NUMBER OR CAD EVENT
LOCATION OF ACCIDENT / INCIDENT		PARTY INVOLVED
PARTY REQUESTING INFORMATION (INCLUDE CONTACT NUMBER)		
REASON FOR THE REQUEST		
<p>COMPLETED FORMS CAN BE TURNED IN TO: svpd-records@scottsvalley.org</p> <p>IN PERSON OR BY MAIL OR FAX TO: Scotts Valley Police Department 1 Civic Center Dr. Scotts Valley, CA 95066 FAX: 831-438-6930</p>		<p>TO BE COMPLETED BY SUPERVISOR:</p> <p>() REPORT CAN BE RELEASED IN IT'S ENTIRETY () REPORT CAN BE RELEASED W/ NAMES REDACTED () REFER SUBJECT TO D.A.O. TO OBTAIN A RELEASE () PROVIDE SUBJECT WITH A JUVENILE PETITION () Other</p> <p>J:Forms\Dispatch\D207</p>