

Lobby Hours:
Monday - Friday: 8:00 a.m. - 5:00 p.m.
Records Phone: 209-572-9580

Copy Cost: .10 cents per page + tax
Photographs: \$10 service charge

DO NOT use this form to request Juvenile Records

I request all records or documents concerning the incident described below for the following purpose (Check all that apply):

Insurance Attorney Personal/Other (explain): _____

Type of Record: Arrest Traffic Vandalism Burglary/Theft Domestic Violence Other

Details of Incident: (Answer all that are applicable)

Date/Time reported: _____

Location: _____

Reporting Person: _____

Suspect: _____

Victim: _____

Driver: _____

Requestor:

Insurance Attorney Victim Traffic Injured Property Owner Arrested Other

For: _____
Claim/Court No. : _____
Company/Firm: _____
Business Address: _____ _____
Phone No.: (____) _____

Your Name: _____
Date of Birth: _____
Driver's License #: _____
Residence Address: _____ _____
Phone No.: (____) _____

If the report needs approval before releasing, I will be notified within 10 days. **(Initial Here)** _____

SIGNATURE: _____

DATE OF REQUEST: _____

RECORDS USE ONLY:		Notified by Phone/ Mail (circle one)	
Accepted by: _____	Date: _____	By: _____	Date: _____
Supervisor Review: _____	Date: _____	Number of	PRA Letter
Picked Up: _____	Date: _____	Pages Released: _____	Exempt 7923.605/7923.610
			or Exempt 7927.700

Submit to: reportrequest@modestopd.com OR Fax to: 209-523-4082

OR Mail to: 600 10th St. Modesto, Ca. 95354 Attn: Records