



Union City Police Department
34009 Alvarado-Niles Road, Union City California 94587
RECORDS UNIT PHONE 510 471-1365 FAX 510 471-5974

REQUEST FOR A COPY OF POLICE REPORT OR PHOTOGRAPHS

PER GOVERNMENT CODE SECTION 6253 YOUR REQUEST COULD TAKE 10 DAYS

Photographs Type of Report: Traffic Collision Crime Report Number: _____

Public Records Act (Type of Report): _____

INFORMATION REQUESTED BY: _____ DATE REQUESTED: _____

Name: _____ Phone Number(s) _____
 (Home) (Work)

Address: _____

PARTY OF INTEREST (Please Check One)

<input type="checkbox"/> Person Involved Driver, Passenger, Pedestrian or Victim	<input type="checkbox"/> Representative of Insurance Company or Insurance Adjusting Agency Name of Company: _____
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Attorney: Name of Firm: _____
<input type="checkbox"/> Authorized Individual (Signed Authorization is Required)	<input type="checkbox"/> Other Party of Interest: Specify: _____
<input type="checkbox"/> Parent / Guardian of Juvenile Party	

CERTIFICATION

I declare under the penalty of perjury that I am / I represent : _____
 (Person Named in Report)

Signed: _____

IF REPORT NUMBER IS NOT KNOWN, PLEASE COMPLETE:

Date and Time of Occurrence: _____ Location of Incident: _____

Name of Person on the Report: _____ Date of Birth _____

Vehicle License Plate / Vehicle ID Number: _____

Officer's Name or Badge Number: _____

POLICE DEPARTMENT USE ONLY

Report No: _____ Released By: _____ Summary Only (copy attached) Edited Report (copy attached)

Driver's License Number: _____ Identification Verified By: _____

Remarks: _____

Denied By: _____ Reason for Denial : 6254(f) of the U.S. Government Code Referred to DA's Office

TNG Order of Alameda County Juvenile Court – 827 W&I 841.5 California Penal Code Other: _____

