



# AVENAL POLICE DEPARTMENT

317 Alpine St., Avenal, CA 93204  
Bus. 559-386-4444 Fax 559-386-4447

## Report Request Form

Date of Request: \_\_\_\_\_ Incident #: \_\_\_\_\_

### Requesting Party Contact Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you the victim or appointed representative to the victim of this crime?

Yes  No

Reason for Request (Providing this optional information will assist us in identifying your record):

\_\_\_\_\_  
\_\_\_\_\_

### Incident Information

Date of Occurrence: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Type of Case: \_\_\_\_\_

Involved Parties' Names and Dates of Birth (specify victim, suspect, driver, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Clerk: \_\_\_\_\_

The report will be available for pick up upon request. If the report is unavailable, the Records Division will advise when the report is ready for pick up. Information is released per California State Law, Government Code Section 6254(f).