

*Seal Beach Police Department*  
REQUEST FOR RELEASE OF RECORDS INFORMATION

Date:	Date of incident:	Case #:
Location of incident:		

**APPLICANT INFORMATION**

Name:		DOB:		
Address:				
Home Phone:		Cell Phone:		
E-Mail:				
Applicant Identifier Information	<input type="checkbox"/> Victim <input type="checkbox"/> Passenger <input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Suspect <input type="checkbox"/> Insurance <input type="checkbox"/> Police Officer	<input type="checkbox"/> Driver <input type="checkbox"/> Attorney <input type="checkbox"/> Probation/Parole	<input type="checkbox"/> Other:
Information Requested	<input type="checkbox"/> Crime Report <input type="checkbox"/> Accident Report	<input type="checkbox"/> Incident Report <input type="checkbox"/> Photographs	<input type="checkbox"/> Call Logs	<input type="checkbox"/> Other:
Reason for Information	<input type="checkbox"/> Court <input type="checkbox"/> Attorney	<input type="checkbox"/> Investigation <input type="checkbox"/> Insurance	<input type="checkbox"/> Other:	
Certification	I certify that under penalty of perjury that I am, or represent the party of interest identified in the information listed here on.			
	Signature:			Date:

**RECORDS DEPARTMENT USE ONLY**

ID Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Fees Paid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Authorization <input type="checkbox"/> Approved <input type="checkbox"/> Denied	How information was released <input type="checkbox"/> In person <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Viewed
Reason for denial			
<input type="checkbox"/> Disclosure would endanger the successful completion of the investigation. <input type="checkbox"/> Disclosure would endanger the safety of a witness. <input type="checkbox"/> Applicant is not an "involved" party <input type="checkbox"/> Other			
Records request received by:	Approved / Denied by:		Records released by:
Date:	Date:		Date:

## REQUEST FOR RELEASE OF RECORDS INFORMATION

In order to properly assess your request for a copy of a written report, you have been provided with this "Request for release of records" form. Please answer all of the questions and check the boxes that pertain to you. This will reduce the unnecessary delay in the processing of your request. All requests are to be submitted without payment until the release has been officially approved. You will be contacted within 10 working days of the request by our records personnel to make arrangements for pick up and payment. Requests may be submitted in-person at the front counter of the Seal Beach Police Department or by:

Fax - 562-493-0634  
E-Mail: [records@sealbeachca.gov](mailto:records@sealbeachca.gov)  
Mail: Seal Beach Police Department  
911 Seal Beach Blvd  
Seal Beach, CA 90740  
Attn: Records

## TRAFFIC COLLISION REPORTS

Guidelines for the release are governed by the State of California Vehicle Code section 20012. If you are requesting a copy of a traffic accident report, you must be one of the following:

- An involved driver.
- The guardian or conservator of a driver involved.
- The parent of an involved minor.
- The authorized representative of a driver.
- An associated injured party.
- The owner property damaged by the accident.

## CRIME AND INCIDENT REPORTS

Guidelines for releasing copies of crime reports are governed by Government code sections 6254 and 6254(f) which contain the regulations for the distribution and use of crime reports taken as a result of arson, burglary, fire, explosion, larceny, robbery, carjacking, vandalism, vehicle theft and crimes of violence. This section also identifies the following parties as those to whom a police agency is required to provide information:

- The Victim.
- The authorized representative of the victim.
- An insurance carrier against which a claim has been or might be made.
- Any person suffering bodily injury or property damage or loss.

However, this Government Code sections also precludes releasing any information or copies of reports if the disclosure would endanger the safety of a witness or other person involved in the investigation, or endanger the successful completion of the investigation or a related investigation.

The names and addresses of victims or witnesses defined by Penal Code sections 261, 264, 264.1, 273a, 273d, 273.5, 286, 288, 288a, 289, 422.6, 422.7 or 422.75 shall not be disclosed.

## ARREST REPORTS

Contact the court.

## JUVENILE REPORTS AND CONTACTS

Juvenile information includes ANY document relating to juvenile contacts or arrests, even if juvenile court proceedings were not instituted including records of temporary custody and detention of a minor. Welfare and Institutions code section 827 provides the Juvenile Court with the exclusive authority to determine whom, and, the extent to which juvenile record information may be released. Release of juvenile information requires the express permission of the presiding judge of the juvenile court.