



Citrus Heights Police Department
 6315 Fountain Square Drive, Citrus Heights, CA 95621 (916) 727-5500

Public Report Request

Email: reportrequest@citrusheights.net

REQUESTING PARTY (PLEASE PRINT)

NAME			PHONE #		
ADDRESS			EMAIL ADDRESS		
CITY	STATE	ZIP	Preferred method of contact:		
			<input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email		

Incident(s) or Case Number(s)	<input type="checkbox"/> REPORT - \$11 per report
	<input type="checkbox"/> PHOTOGRAPHS - \$11 per a CD
	<input type="checkbox"/> AUDIO - \$42 per 15 mins on a CD
	<input type="checkbox"/> VIDEO- \$59 per 15 mins a CD
<i>*Fees based on the City of Citrus Heights fee schedule</i>	

Requestor's connection to report or connection to involved party

Section 2 COMPLETE BELOW IF INCIDENT/CASE NUMBER(S) ARE UNKNOWN:

Date of Incident	Location of incident
------------------	----------------------

Name of Involved Party if Different than Requestor

Print Name: _____ Date: _____

Signature: _____

OFFICIAL USE ONLY

Received by:	Identification Verified (<i>as necessary</i>)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No ID#	
Authorization:	<input type="checkbox"/> Paid	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (see attached)		
Request completed by:	Date completed:	Dissemination Method:

**Government Code Sections §7923.600 to §7923.625 governs releasable information and who is entitled to receive that information.