

OFFICE OF THE
SHERIFF
INYO COUNTY, CA



JEFF R. HOLLOWELL
SHERIFF

ERIC PRITCHARD
UNDERSHERIFF

"A Professional Service Agency"

APPLICATION FOR RELEASE OF INFORMATION

PLEASE PRINT

NAME OF REQUESTER	PHONE	EMAIL	
ADDRESS			
CITY	STATE	ZIP	
DATE OF OCCURANCE:	REPORT #(IF KNOWN)	VICTIM OR SUSPECT NAME	DOB
TYPE OF REPORT: <input type="checkbox"/> TRAFFIC <input type="checkbox"/> CRIME <input type="checkbox"/> OTHER			
I AM SEEKING THIS REPORT FOR THE FOLLOWING REASON:			

INVOLVEMENT (PLEASE CHECK ONE)

PERSON INVOLVED: DRIVER, PASSENGER
PROPERTY OWNER OR VICTIM

REPRESENTATIVE OF INSURANCE
COMPANY OR INSURANCE

SUSPECT

CERTIFICATION:

I declare under the penalty of perjury that.... I am The party of interest identified in the report recorded hereon. I understand that the filing of this application does not in any manner obligate the Sheriff of Office or any employee of the Inyo County Sheriff's Office to produce such information, nor does it imply in any manner that such information must or will be furnished.

SIGNATURE

DATE

ID PRESENTED: DL # _____ OTHER _____

APPLICATION TAKEN BY: _____

RECORDS SIGNATURE _____ DATE _____

ID MUST BE PRESENTED. ONLY THE INDIVIDUAL ENTITLED TO REPORT WILL BE ALLOWED TO PICKUP REPORT. NO EXCEPTIONS. **QUESTIONS PLEASE CALL RECORDS, 760-878-0336**

REPORT COST \$10.00. SOME INDIVIDUALS QUALIFY FOR FREE REPORT. RECEIPT # _____

REPORT DENIED: _____