STEPHANIE J. RENNIE
SHERIFF

JUAN F. MARTINEZ
UNDERSHERIFF

OFFICE OF THE SHERIFF
COUNTY OF INYO

INYO COUNTY SHERIFF'S OFFICE
REQUEST FOR A COPY OF INCIDENT/CRIME REPORT

Report Number(s): _____
Incident(s) Number: _____
Date and Time of Incident: _____
Location of Incident: _____
Name of Person(s) Involved: _____

Person Requesting Copy of Report

Your Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Email Address: _____ Tel. No.: _____

Note: If you are an attorney requesting a report on behalf of a client, you must complete the Attorney Declaration Form. If you are requesting a report on a deceased person, you must complete the Next of Kin Form. Please contact **records@inyocounty.us** for these forms.

☐ Check if your phone number is blocked

Reason for Requested Report (Check all that apply):
☐ Domestic Violence Restraining Order
☐ Insurance Claim
☐ Victim of Crime
☐ Suspected of a Crime
☐ Parent/Guardian of: ☐ Juvenile Victim
☐ Civil Action
☐ Criminal Action
☐ Other: _____

Applicable Law:

- **Government Code Sections 7922.000–7923.600 et seq.:** Certain contents of a Sheriff's Incident Report may not be deemed public information. Copies of reports will be redacted to comply with applicable law.
- **Penal Code Section 841.5:** The Sheriff's Office is prohibited from releasing the address and telephone number of victims or witnesses to suspects. If you are a listed suspect, your copy will be edited accordingly. Attorneys may obtain unedited copies through the court discovery process.
- **Government Code Section 7922.535(A):** The Sheriff's Office has up to 10 business days from the time of the request to determine if the report may be released. Once approved, it will be provided as expeditiously as possible. Same-day service is not available.
- A fee of $10.00 per report will be charged unless exempt or waived under Family Code §6228. A government-issued ID is required to release non-public reports.

You will be notified by telephone or email when the report is ready for pick-up. Please schedule a pick-up time to ensure office staff availability. Reports can also be mailed or emailed.

Signature of Requesting Party: _____
Date: _____

Office Use Only - Do Not Write Below

Accepted by: _____ Date: _____

Records Approval by: _____ Date: _____

Prepared by: _____ Date: _____

Notified by: _____ Date: _____

Picked up by: _____ Date: _____

Disposition:
☐ APPROVED | Receipt #: _____
☐ DENIED | Reason for Denial: _____

Notes: _____
_____
_____