



BISHOP POLICE DEPARTMENT

**POLICE RECORDS DIVISION
207 W. LINE STREET
BISHOP, CA 93514
(OFC) 760-873-5823
(FAX) 760-872-1537**

Chief Richard Standridge

REQUEST AUTHORIZATION FORM RELEASE OF CASE INFORMATION

TODAY'S DATE _____ CASE NUMBER _____ CONTACT PHONE # _____

REQUESTOR'S NAME _____

REQUESTOR'S ADDRESS (can include email) _____

REQUESTOR'S INVOLVEMENT _____
(victim, witness, suspect, attorney for, insurance for)

REQUESTOR'S SIGNATURE _____

BELOW SECTION TO BE COMPLETED BY BISHOP POLICE DEPARTMENT PERSONNEL

RECORDS SIGNATURE _____

FEE \$ _____ CHECK # _____ RECEIPT # _____

REQUEST: ☐ APPROVED ☐ APPROVED/REDACTED ☐ DENIED

☐ OTHER _____

Document(s) released:

- ☐ Initial Crime Report
- ☐ Initial Crime Report Supplemental
- ☐ Officer Follow Up
- ☐ Traffic Accident
- ☐ CHP 180
- ☐ TC Property Damage
- ☐ Property Report
- ☐ Casualty Report
- ☐ CAD Incident Report
- ☐ Other _____

- ☐ Fees returned _____
- ☐ Released pursuant to Family Code Section 6228
- ☐ Released pursuant to Welfare and Institutions Code Section 827
- ☐ Released pursuant to Vehicle Code Section 20012
- ☐ Released Pursuant Court Authorization and Penal Code Section 1203.097(a)(7)(B)

Authorized Signature

MAILED ☐ PICKED UP ☐ Date _____ By _____