BISHOP POLICE DEPARTMENT

POLICE RECORDS DIVISION
207 W. LINE STREET
BISHOP, CA 93514
(OFC) 760-873-5866
(FAX) 760-872-1537

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**_____