

OFFICE OF THE  
**SHERIFF**  
INYO COUNTY, CA



WILLIAM R. LUTZE  
SHERIFF

JEFF HOLLOWELL  
UNDERSHERIFF

*"A Professional Service Agency"*

**APPLICATION FOR RELEASE OF INFORMATION**

PLEASE PRINT

NAME		PHONE	
ADDRESS			
CITY		STATE	ZIP
DATE OF OCCURANCE:		REPORT #(IF KNOWN)	
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

ATTORNEY

**CERTIFICATION:**

I declare under the penalty of perjury that....  I am  I am an attorney representing.... The party of interest identified in the report recorded herein. 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 \_\_\_\_\_

REPORTS MUST BE PICKED UP AT 550 S. CLAY ST, INDEPENDENCE CA, 93526. ID MUST BE PRESENTED. ONLY THE INDIVIDUAL ENTITLED TO THE REPORT WILL BE ALLOWED TO PICKUP THE REPORT. NO EXCEPTIONS. FOR ANY QUESTIONS RELATING TO THIS FORM, PLEASE CALL RECORDS AT 760-878-0336

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