

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	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 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 _____

REPORTS MUST BE PICKED UP AT 550 S. CLAY ST, INDEPENDENCE CA. 93526. 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 # _____