



**STANFORD DEPARTMENT OF PUBLIC SAFETY  
SANTA CLARA COUNTY SHERIFF'S DEPARTMENT  
RECORDS UNIT - RECORDS REQUEST FORM**

711 SERRA ST  
STANFORD, CALIFORNIA 94305  
(650)723-9633  
(650)725-8485 FAX

Section 6254(f) of the California Government Code governs disclosure of records of complaints and investigations conducted by the Sheriff's Department. These records will not be disclosed if the Sheriff's Department determines the disclosure would endanger the safety of a witness or other person involved in the investigation or if its disclosure will endanger the successful completion of the investigation or a related investigation. In addition, if records are disclosed pursuant to section 6254(f), some information contained within these records may be protected by state and federal laws and will not be released. Response to your request will be within **10 days**. A delay in processing your request may occur if; incomplete or illegible; if juveniles are involved; and / or photos are requested. You will be notified by telephone of any fees. Cash, checks and money orders with proper ID will be accepted.

<b>TODAY'S DATE</b>			<b>REPORT / CASE NUMBER</b>		
<input type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OTHER	<input type="checkbox"/> PARENT OF VICTIM UNDER 18 YRS Name of Juv. _____	<input type="checkbox"/> DRIVER	<input type="checkbox"/> AUTHORIZED REP <input type="checkbox"/> ATTORNEY <input type="checkbox"/> INSURANCE <i>attach business card</i> PERSON REPRESENTED _____
YOUR NAME					
ADDRESS					
CITY / STATE / ZIP					
PHONE NUMBER					
TYPE OF INCIDENT		DATE OF INCIDENT		LOCATION OF INCIDENT	
REASON REQUESTED					
SPECIAL REQUEST / COMMENTS					
<i>ITEM NEEDED</i>					
REPORT <input type="checkbox"/>	PHOTOS <input type="checkbox"/>	PHOTOS CD <input type="checkbox"/> \$5.00		PICK UP <input type="checkbox"/>	MAIL <input type="checkbox"/>
<i>I certify these statements are true. The information requested will not be used maliciously or uselessly to harass, degrade or humiliate any person.</i>					
SIGNATURE					DATE
<b>SHERIFF'S OFFICE USE ONLY</b>					
RECEIVED BY - BADGE #	ID VERIFIED <input type="checkbox"/> YES		REQUESTOR'S DOB		
<i>INVESTIGATIONS</i>					
APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE				DATE
DENIAL REASON <input type="checkbox"/> GC6254(f) <input type="checkbox"/> Refer to DA <input type="checkbox"/> PC11167.5 - Child Abuse <input type="checkbox"/> WI15633 - Elder Abuse <input type="checkbox"/> WI827 - TNG Order - Juvenile <input type="checkbox"/> OTHER (COMMENT BELOW)					
COMMENTS					
<i>RECORDS</i>					
DATE DUE	RESTRICTED <input type="checkbox"/> YES <input type="checkbox"/> NO JUV COURT NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE TO INVESTIGATIONS FOR REVIEW		DATE RET'D FROM INVESTIGATIONS REVIEW	
COMMENTS					
REDACTED PERSONAL INFO OF: <input type="checkbox"/> VIC <input type="checkbox"/> SUS <input type="checkbox"/> RP <input type="checkbox"/> OTH <input type="checkbox"/> WIT <input type="checkbox"/> JUV <input type="checkbox"/> NONE				REDACTED BY - BADGE#	
PAGES REMOVED <input type="checkbox"/> CLOSING <input type="checkbox"/> SUPPS <input type="checkbox"/> OTHER _____			NO. PAGES RELEASED		AMOUNT DUE \$
RELEASED BY - BADGE	<input type="checkbox"/> FRONT/BACK COUNTER PICK UP <input type="checkbox"/> MAILED/EMAILED <input type="checkbox"/> ADVISED BY PHONE _____			DATE	