



SANTA CLARA COUNTY SHERIFF'S DEPARTMENT

RECORDS UNIT - RECORDS REQUEST FORM

HEADQUARTERS 55 WEST YOUNGER AVENUE SAN JOSE, CALIFORNIA 95110 (408)808-4716 / 4700 (408)808-4730 FAX	WESTSIDE SUBSTATION 1601 SOUTH DEANZA BOULVEARD CUPERTINO, CALIFORNIA 95014 (408)868-6600	SOUTH COUNTY SUBSTATION 80 WEST HIGHLAND AVENUE, BUILDING K SAN MARTIN, CA 95046 (408) 686-3650
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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.

DATE		REPORT / CASE NUMBER								
<input type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OTHER	<input type="checkbox"/> PARENT OF VICTIM UNDER 18 YRS	<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			
RECEIVED BY - BADGE #		ID VERIFIED <input type="checkbox"/> YES			REQUESTOR'S DOB					
SHERIFF'S OFFICE USE ONLY										
<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			DATE				