



CRIME REPORT REQUEST FORM

Submit your request via mail or in person:

YOLO COUNTY SHERIFF'S OFFICE

140 TONY DIAZ DR, WOODLAND, CA 95776

Phone: 530.668.5280 Fax: 530.668.5238

Web: <http://www.yolocountysheriff.com> Email: Records@yolocounty.org

It is the policy of the Yolo County Sheriff's Office to provide you with all of the information to which you are entitled under state and federal laws. Please allow up to **10 days** for your request to be processed unless otherwise notified. Service charge for report requests: \$5.00 per copy of report; there will be additional fees for any report that exceeds 20 pages. Payment may be made in the form of cash or check.

Date & Time of Incident: _____ Report/Incident #: _____

Type of Incident: () Crime () Documentation Only
() Other: _____

Location of Incident: _____

Was anyone arrested? () YES () NO

If you are the arrested party in this case, you may need to make your request directly with the Yolo County DA's Office

Name of Party(ies) involved in incident: _____

Party of Interest (Please check one):

- () Person Involved () Representative of Insurance Company
- () Property Owner () Parent/Guardian of Juvenile Party
- () Attorney () Authorized Individual (Signed authorization is required)
- () Other (please specify): _____

Reason for Request: _____

Name of Applicant: _____

Address: _____

Applicant Phone Number: Home: _____ Work: _____ Cell: _____

By providing your name and telephone number you will assist the Yolo County Sheriff's Office should we need to contact you regarding your request

<i>Signature (required):</i>	<i>Date:</i>
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