



BISHOP POLICE DEPARTMENT

**POLICE RECORDS DIVISION
207 W. LINE STREET
BISHOP, CA 93514
(OFC) 760-873-5823
(FAX) 760-872-1537**

Chief Ted Stec

REQUEST AUTHORIZATION FORM RELEASE OF CASE INFORMATION

TODAY'S DATE _____ CASE NUMBER _____ CONTACT PHONE # _____

REQUESTOR'S NAME _____

REQUESTOR'S ADDRESS (can include email) _____

REQUESTOR'S INVOLVEMENT _____
(victim, witness, suspect, attorney for, insurance for)

REQUESTOR'S SIGNATURE _____

BELOW SECTION TO BE COMPLETED BY BISHOP POLICE DEPARTMENT PERSONNEL

RECORDS SIGNATURE _____

FEE \$ _____ CHECK # _____ RECEIPT # _____

REQUEST: APPROVED APPROVED/REDACTED DENIED

OTHER _____

Document(s) released:

- | | |
|--|---|
| <input type="checkbox"/> Initial Crime Report | <input type="checkbox"/> Fees returned _____ |
| <input type="checkbox"/> Initial Crime Report Supplemental | <input type="checkbox"/> Released pursuant to Family Code Section 6228 |
| <input type="checkbox"/> Officer Follow Up | <input type="checkbox"/> Released pursuant to Welfare and Institutions Code Section 827 |
| <input type="checkbox"/> Traffic Accident | <input type="checkbox"/> Released pursuant to Vehicle Code Section 20012 |
| <input type="checkbox"/> CHP 180 | <input type="checkbox"/> Released Pursuant Court Authorization and Penal Code Section 1203.097(a)(7)(B) |
| <input type="checkbox"/> TC Property Damage | |
| <input type="checkbox"/> Property Report | |
| <input type="checkbox"/> Casualty Report | |
| <input type="checkbox"/> CAD Incident Report | |
| <input type="checkbox"/> Other _____ | |

Authorized Signature

MAILED PICKED UP Date _____ By _____