

GARDEN GROVE POLICE DEPARTMENT

11301 Acacia Parkway
Garden Grove, CA 92843

APPLICATION FOR RELEASE OF RECORD

DATE: _____ CASE#: _____

INTENDED USE OF RECORD:

COURT INSURANCE OTHER _____

REQUESTING:

BWC/IVS 911 PHOTOS REPORT OTHER _____

NAME: _____

ADDRESS: _____

CITY/STATE: _____

DRIVER LICENSE# _____ PHONE# _____

EMAIL: _____

INVOLVEMENT IN CASE:

VICTIM SUSPECT WITNESS INS. REP.

ATTORNEY/OTHER _____

PLEASE READ AND SIGN BELOW

Allow ten (10) days from the date of the request before contacting the police department about approval for release of the report. [GC 7922.535] Call (714) 741-5719 for the results of the request. Should your request be denied, further recourse may be reached through the court or an attorney.

SIGNATURE: _____

(FOR DEPARTMENT USE ONLY)

ID VERIFIED: YES NO BY: _____

INVESTIGATOR ASSIGNED _____

APPROVED DENIED*

Denied by: Employee ID# _____ Initial _____

Reason for Denial:

- Disclosure would endanger the successful completion of the investigation.
- Disclosure would endanger the safety of a witness.
- Records must be requested by subpoena.
- Applicant is not an involved party
- Other: _____
- Deferred to other agency or court

RECORDS SUPERVISOR INITIALS _____ INVESTIGATOR SIGNATURE _____ DATE _____