



# Office of the Sheriff

1400 E. Main Street, Quincy, California 95971 • (530) 283-6375 • Fax 283-6344

## APPLICATION FOR RELEASE OF PUBLIC RECORD

*Information for the person(s) making the request for records: Please be clear and specific on the information you are requesting. Inaccurate or incomplete information could lead to a delay in receipt of this information. Some information may be denied, redacted, or referred to the District Attorney's Office as required by law. A nonrefundable service fee of \$3.00 will be charged at the time of the request. Upon receipt of the information that fee amount will be subtracted from the total amount due. A copy of the department fee structure is available.*

Date request received by PCSO: \_\_\_\_\_

Name of person making the request: \_\_\_\_\_

Phone number(s) of person making request: \_\_\_\_\_

Address information if being mailed to is applicable: \_\_\_\_\_

Request was received (Check One):      In person \_\_\_\_\_ Via phone \_\_\_\_\_ Via mail \_\_\_\_\_ Other \_\_\_\_\_

**Information being requested, be specific and check all information that applies:**

Person involved \_\_\_\_\_ Victim of crime \_\_\_\_\_ Property Owner \_\_\_\_\_ Attorney \_\_\_\_\_ Witness \_\_\_\_\_

Representative of insurance agency \_\_\_\_\_ Parent/Guardian of involved party (limitations apply) \_\_\_\_\_

Other party of interest (specify) \_\_\_\_\_

Address of involved parties (if request is related to a specific address) \_\_\_\_\_

Address of location of specific incident \_\_\_\_\_

PCSO Case number(s) if known \_\_\_\_\_

Date and time of call if known \_\_\_\_\_

Time frame of call(s) ex: January 1, 2014 thru January 8 2014 \_\_\_\_\_

**Type of information being requested: Check One:**

Dispatch CAD Incident report(s) \_\_\_\_\_ Crime report(s) \_\_\_\_\_

Coroner's report \_\_\_\_\_ Other (specify) \_\_\_\_\_

*I declare under penalty of perjury, that I am the applicant described above and the information requested will not be used to harass, degrade, or humiliate any person. This information is the property of the Plumas County Sheriff's Office and is not to be disclosed without the express authority of the Sheriff. I hereby agree to indemnify and hold harmless the Plumas County Sheriff's Office and the County of Plumas for any liability arising out of improper use of the information provided.*

Signature of applicant: \_\_\_\_\_ Date of release of information \_\_\_\_\_