



GREGORY J. HAGWOOD
SHERIFF/CORONER

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 _____