

## LOMPOC POLICE DEPARTMENT REPORT REQUEST FORM

107 Civic Center Plaza, Lompoc, CA 93436 Tel: (805) 736-2341 Fax: (805) 735-8256



Please indicate the type of Report/Information that you are requesting: Report Type: Crime Report Event Traffic Collision Other \_\_\_\_\_ Report/Event Number: Date of Report/Event: Location of Report/Event: Reason for Request: Requesting Party Name: Please indicate asociation: Victim Victim Representative Parent/Guardian of Juvenile Victim Attorney **Property Owner Insurance Company** Law Enforcement Agency Driver/Passenger Other I declare under penalty of perjury (California Penal Code Section 118(a)) that: I am the party of interest identified in the repoort recorded hereon. I represent the party of interest identified in the report recorded hereon (signed waiver required). Print Name Signature Date Contact Phone Number Records Use Only Request Received By: Date: Request Denied By: Date: \_\_\_\_\_ Reason for Denial: Date/Time: Notified By: