ALAMEDA COUNTY SHERIFF’S OFFICE
REQUEST FOR COPY OF INCIDENT/CRIME REPORT

Report Number(s): ___________________________

Date and Time of Incident _______________________________________________________________________

Location of Incident ___________________________________________________________________________

Name of Person(s) Involved ______________________________________________________________________

Person Requesting Copy of Report

Your Name: __________________________________

Address: ___________________________________________  City: ________________

State: ________________ Zip Code: ________________ Tel. No: _______________________

Email Address: ________________________________________

Reason for Requested Report (Check appropriate box)

☐ Domestic Violence Restraining Order (Rush Request)
☐ Insurance Claim  ☐ Victim of Crime  ☐ Suspected of a Crime
☐ Parent/Guardian of:  ☐ Juvenile Victim  ☐ Juvenile Suspect
☐ Civil Action  ☐ Criminal Action
☐ Other:____________________________________________________________________________________

Government Code Section 6254 et. seq: Certain contents of a Sheriff’s Incident Report may not be deemed public information and your copy of the report will be edited to comply with provisions of the law.

Penal Code Section 841.5: The Sheriff’s Office is precluded from releasing the address and telephone number of victim(s) and witness(es) to suspect(s). If you are a listed suspect, your copy of the report will be edited accordingly. Your attorney may obtain an unedited copy through the court discovery process.

Government Code Section 6253(c): The Sheriff’s Office has up to 10 business days from the time of your request to determine if the report may be released. Once it has been determined the report can be released, the report will be released as expeditiously as possible. There is no same day service at this time.

Government Code Section 6257: The Alameda County Board of Supervisors sets the amount of fees in accordance with actual costs incurred.

You will be notified by telephone when report is ready for pick-up. Reports must be picked-up between 8:30 a.m. and 4:30 p.m., Monday through Friday, excluding holidays. If desired, the report will be e-mailed or mailed to the person requesting the report by providing a self-addressed, stamped envelope.

(Signature of Requesting Party)  (Date)

Office Use Only

Accepted by: ___________________________  Date: ___________________________

Approved by: ___________________________  Date: ___________________________

Prepared by: ___________________________  Date: ___________________________

Notified by: ___________________________  Date: ___________________________

Picked up by: ___________________________  Date: ___________________________

Last Update: 05/01/12