



SANTA CLARA COUNTY SHERIFF'S OFFICE

RECORDS DIVISION - REPORT REQUEST FORM

www.countysheriff.sccgov.org

Email: cpradesk@shf.sccgov.org

Table with 3 columns: HEADQUARTERS, WESTSIDE SUBSTATION (COLLISION REPORTS), SOUTH COUNTY SUBSTATION. Includes addresses and phone numbers for each location.

Section 7923.600-7923.625 of the Cal. Gov't Code governs disclosure of records of complaints and investigations conducted by the Sheriff's Office. These records will not be disclosed if disclosure would endanger the safety of a witness or other person involved in the investigation or if it would endanger the successful completion of the investigation or related investigations. In addition, if records are disclosed, information contained within these records may be protected by state and federal laws and will not be released. A delay in processing your request may occur if; incomplete or illegible; and/or if juveniles are involved. You will be notified by telephone of any fees.

Proper ID is Required.

Main form structure with sections: TODAY'S DATE, REPORT / CASE NUMBER, VICTIM/OTHER, PARENT OF VICTIM, AUTHORIZED REP, YOUR NAME, ADDRESS, CITY / STATE / ZIP, PHONE NUMBER, TYPE OF INCIDENT, DATE OF INCIDENT, LOCATION OF INCIDENT, REASON REQUESTED, DELIVERY OPTIONS, SIGNATURE, DATE, SHERIFF'S OFFICE USE ONLY, RECEIVED BY, ID VERIFIED, REQUESTOR'S DOB, INVESTIGATIONS, APPROVED, SIGNATURE, DATE, DENIAL REASON, COMMENTS, RECORDS, DATE DUE, RESTRICTED, JUV COURT NEEDED, QUALIFIES UNDER FAM 6228, DATE SENT FOR REVIEW, DATE RETURNED, REDACTED BY, NO. PAGES RELEASED, AMOUNT DUE, RELEASED BY, FRONT COUNTER PICK UP, MAILED, VIA PHONE, OTHER, DATE.