

CITY OF OROVILLE OROVILLE POLICE DEPARTMENT 2055 LINCOLN STREET OROVILLE, CA 95966 RECORDS DIVISON



Police@oropd.org (530)538-2456

REQUEST FOR RECORDS

REQUESTOR'S CONTACT INFORMATION:				TYPE OF RECORD (CHECK ONE):				
NAME DA		DATE OF BIRT	ATE OF BIRTH MM/DD/YEAR			REPORT		
ADDRESS		CITY	STATE ZIP CODE		INCIDIENT LOG			
PHONE NUMBER EMAIL					OTHER:			
RECORD REQUESTED			_					
CASE OR INCIDENT NUMBER (IF KNOWN)			ADDITIONAL INF	ORMATION:				
				ADDITIONAL IN	ORWITTON.			
DATE OF INCIDENT MM/DD/YEAR TI	ME OF INCIDI	ME OF INCIDENT AM/PM						
LOCATION (ADDRESS/STREET)								
REQUESTORS INVOLVEMENT:				REASON FOR REQUEST:				
VICTIM REPORTING PARTY LEGAL COUNSEL								
PRIVATE INVESTIGATOR INSURANCE COMPANY REPRESENT								
PARENT OR GUARDIAN OF INVOLVED JUVENILE OTHER								
Please note that police reports may take at minimum 10 business days for completion, and an additional wait period for supervisor and records review								
DEPARTMENT USE ONLY								
PAYMENT INFORMATION:								
AMOUNT RECEIVED \$ * FEES FOR VICTIMS AF WAIVED			TRA	KIT #:		JEST IVED	REQUEST PROCESSED	
				NNED &	RECE	AVED	FROCESSED	
CHECK # CASH CREDIT/DEBIT CARD				ACHED ——				
RECORD RELEASE DISPOSITION (Per California Public Records Act Government Code 7923.600 et seq.)								
RECORD RELEASE APPROVED			RECORD RELEASE DENIED OR PROHIBITED BY LAW					
Requested Record Enclosed			Reason for Denial					
The record was not redacted.			No Record of Report/Incident					
The record has been redacted due to:			Criminal Investigation (7923.600.625 Government Code)					
Privacy right of the involved individual(s)			Other:					
Confidentiality right of the involved individual(s)								
To preserve the integrity of the case			ID#: Initials: Date:					
ID #: Initials: Date Ready:		Relea	sod:					
-		seu:						
Additional Notes:								