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	Currently In-Custody
Your Name:		PFN:
Address:		City:
State:	Zip Code: Housing	Unit Location (in-custody):
Email Address:		el. No: Check box if your number is blocked
	Reason for Requested Report (C)	eck appropriate box)
☐ Insurance Claim☐ Parent/Guardian of☐ Civil Action	☐ Criminal Action	☐ Suspected of a Crime ☐ Juvenile Suspect
witness(es) to suspect(s). If unedited copy through the co Government Code Section report may be released. Onc There is no same day service	you are a listed suspect, your copy of the purt discovery process. 6253(c): The Sheriff's Office has up to be eithas been determined the report can be eat this time.	n releasing the address and telephone number of victim(s) and a report will be edited accordingly. Your attorney may obtain a secondarial of the released as expeditiously as possible apprevisors sets the amount of fees in accordance with actual cost
Monday through Friday, exc providing a self-addressed, s For people requesting repo	luding holidays. If desired, the report wittamped envelope.	a. Reports must be picked-up between 8:30 a.m. and 4:30 p.m., all be e-mailed or mailed to the person requesting the report by the provide your name, PFN, address you would like the report then it is ready for distribution.
(Signature of	f Requesting Party)	(Date)
Office Use Only		
Accepted by:		Date:
Approved by:		Date:
Prepared by:		Date:
Notified by:		Date:
Picked up by:		Date:

Last Update: 04/22/2024