



# TURLOCK POLICE DEPARTMENT

**REPORT REQUEST**  
RECORDS - 244 N. BROADWAY  
TURLOCK CA 95380  
MONDAY - FRIDAY 9:00 A.M. - 5:00 P.M.  
PHONE 209-668-5550 FAX 209-668-5642

**PLEASE REVIEW BEFORE COMPLETING YOUR REQUEST**

If you are requesting a report by facsimile you must fax a copy of this request form along with a copy of your picture identification to (209) 668-5642

**DATE OF REQUEST:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**REPORT NUMBER:** \*SEE BELOW IF UNKNOWN \_\_\_\_\_ **OR** **Event Number:** \_\_\_\_\_

**TYPE OF INCIDENT:** Traffic Burglary Auto Theft Assault Financial Crime Other: \_\_\_\_\_

**REQUESTOR:** Victim Attorney Law Enforcement Property Owner Other: \_\_\_\_\_

**Please check:** Is a juvenile involved in the report? YES No

**IF REPORT/EVENT NUMBER UNKNOWN:**  
**PLEASE COMPLETE DETAILS OF INCIDENT BELOW**

**DATE/TIME OF INCIDENT:** \_\_\_\_\_

**LOCATION/ADDRESS:** \_\_\_\_\_

**NAMES OF REPORT PARTY/VICTIM/SUSPECT/DRIVER:**  
\_\_\_\_\_

**PERSON REQUESTING REPORT PERSONAL INFORMATION**

**PRINT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**RESIDENCE ADDRESS:** \_\_\_\_\_ **DRIVER'S LICENSE/ID #:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **CONTACT PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**IF THE REPORT IS NOT READY, HOW WOULD YOU LIKE TO RECEIVE YOUR COPY?**

**PLEASE CIRCLE:**

**FAX                      MAIL                      CALL FOR PICKUP**

This agency has ten (10) business days to respond to the request from the date received in Records. The report or notification of denial will be mailed.

\_\_\_\_\_  
**SIGNATURE OF REQUESTOR**

*TPD Use Only:*

**Date Received/By:** \_\_\_\_\_ **Date Released/By:** \_\_\_\_\_

**Date Denied/By:** \_\_\_\_\_ / **Comments:** \_\_\_\_\_