



UNIVERSITY POLICE DEPARTMENT
CALIFORNIA STATE UNIVERSITY, MONTEREY BAY

100 Campus Center, Valley Hall 82-F
Seaside, CA 93955 831.582.3360 Fax: 831.582.3384

APPLICATION FOR POLICE INFORMATION

NOTICE: The theft or alteration of an official document is a FELONY punishable under 6201 of the California Government Code.

Part I: Requester's Information:

Name/Company
Mailing Address:
Driver's License Number or Other ID Number:
Telephone Number: or

Part II: Certification:

I DECLARE UNDER PENALTY OF PERJURY, THAT [] I AM OR [] REPRESENT THE PARTY OF INTEREST IDENTIFIED IN THE REPORT RECORDED HEREON. IT IS NOT MY INTENTION TO USE THIS REPORT FOR MALICIOUS PURPOSES. I UNDERSTAND THAT THE PROCESSING OF THIS APPLICATION MAY TAKE UP TO 10 DAYS.

SIGNATURE: DATE:

Part III: Your Case Involvement:

- [] Person Involved (Driver, Passenger, Pedestrian, Victim)
[] Representative of Insurance Company/ Insurance Agency
[] Attorney
[] Property Owner
[] Other (Please Specify)
[] Authorized Individual (Signed Authorization)
[] Parent/ Guardian of Juvenile Party

Part IV: Report Information:

Name:
Date of Incident: / / Report Number:
Location of Incident:
Select Type of Report: [] Crime [] Traffic [] Other

Part V: Fee for Police Reports if Applicable (Traffic & Non Traffic) \$0.10 per page

Please make checks payable to: California University Monterey Bay

- [] Paid Cash (employee Initials) [] Fee Waived (employee Initials)
[] Paid Check (employee Initials)

Part VI: Verification of Person

- [] State/Government Issued ID
[] CSUMB ID (if affiliated to Campus) Employee Initials:

Part VII: Verification of Report Release (to be completed upon report release)

Report Released by:
Employee Name:
Employee Signature: Date: / /