



**YUBA COMMUNITY COLLEGE DISTRICT  
POLICE DEPARTMENT**

**APPLICATION FOR RELEASE OF INFORMATION**

Hours: M-F 8:30 a.m. to 4:00 p.m.  
Telephone Number (530) 741-6771 or 6772

Your request will be processed within 10 business days. Pursuant to California Vehicle Code (CVC) 20012 and Government Code Section 6250- 6265, not all information is releasable to the public. Payment must be made in the form of cash or by check if requesting by mail. Service Charge, pursuant to Government Code Section 6254: Report/incident Reports \$10.00.

**Section 1**

Date and Time of Occurrence: \_\_\_\_\_ Type of Report: Traffic Collision  
Crime  
Case Number (If Known): \_\_\_\_\_ Incident  
Name of Driver or Property Owner: \_\_\_\_\_  
Name of Applicant/Agency: \_\_\_\_\_

**Section 2**

**PARTY OF INTEREST (Please Check One)**

Driver, Passenger, Pedestrian or Victim    Property Owner    Attorney  
Authorized Individual (Signed Authorization is Required)    Representative of Insurance  
Other Party of Interest (Specify): \_\_\_\_\_    Company or Insurance Adjusting  
Parent/Guardian of Juvenile Party    Agency

**Section 3**

**CERTIFICATION (Please Check One)**

I declare under the penalty of perjury that    I am    I represent    I am an attorney representing the  
Party of Interest

Signature \_\_\_\_\_

Accountability Tracking for Information Released:  
Whenever a report is approved for release,  
authorized personnel shall stamp this form and  
each page of the report.

The original completed Release of Information  
form shall be filed with the original report.

