



NEVADA CITY POLICE DEPARTMENT

Nevada City, California



Records Request Form

In order to expedite your request please complete this form to the best of your knowledge. You will be requested to show a picture ID or proof of representation. You will be advised by phone when the report is available for pickup. You may also fax your request to: Fax# (530) 265-9259

Date of Request: _____

Requested by: _____

Phone Number: _____

Report Request

Report #: _____ Date/Time of Incident: _____

Location: _____

Type of Report:

Traffic Collision Crime Report Incident Report

Please identify yourself by completing one of the following:

Victim Suspect Driver Other _____

Additional Information:

Certification: I declare under penalty of perjury that I am:

(Signature)

AMOUNT PAID: _____ DATE: _____