Telephone
(530) 865-1616
Fax: (530) 865-1626

ORLAND POLICE DEPARTMENT

817 Fourth Street
ORLAND, CALIFORNIA 95963

JOE VLACH
Chief of Police

APPLICATION FOR RECORDS

(Government code 6254(f))

Applicant:

Name: _____
Address: _____
_____

Phone: _____
Report #: _____
Date(s) of Incident: _____

Applicant is:

( ) Person involved.
( ) Agent of Person involved – must present letter from person whom you represent authorizing release.
( ) Other: _____

( ) Insurance carrier.
( ) Person suffering injury
( ) Parent/Guardian of Juvenile
( ) Attorney

Document Requested:
( ) Copy of Report
( ) Copy of Brief Summary (CAD)
( ) Other (specify): _____

Fees:
Copy of Report $10.00
Digital Media $25.00

DEPARTMENT USE ONLY

Record Release Approved
( ) Report released on _____
Released: ( ) In Person ( ) By mail
Reason for Denial
( ) No Record of Report
( ) Pending Criminal Investigation
( ) Other: _____