



VENTURA COUNTY SHERIFF'S OFFICE

Criminal Records - Support Services Division

REQUEST FOR REPORTS/RECORDS

Requestor Information

Last Name:

First Name:

Middle Name:

Date of Birth:

Phone Number:

Address:

Receive Report/Records by :

In person Pick-Up

Mail to

Relationship to Incident:

Involvement In Report:

Record Type:

Date of Incident:

Time of Incident:

Location of Incident:

Report/ Incident Number (if known):

Name and Date of Birth (DOB) of person(s) involved:

CERTIFICATION:

I DECLARE UNDER PENALTY OF PERJURY THAT:

- I am the party of interest identified in the report recorded hereon.
- I represent the party of the interest identified in the report recorded hereon (signed authorization provided).
- I am the parent/guardian of a juvenile/conserved adult.

The Ventura County Sheriff's Office follows The California Public Records Act, Government Code (GC) § 7920 et. all, when researching and reproducing records in response to requests for public records. The Sheriff's Department may take up to **(10) calendar days** to respond to your request (Cal. Gov. Code § 7922.535) and, if necessary, may take a reasonable period of time thereafter to produce the non-exempt records responsive to your request.

Signature: _____

Date: