



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: _____
STREET CITY STATE ZIP CODE

Receive Report/Records by : In person Pick Up Mail to _____
STREET CITY STATE ZIP CODE

Report/ Incident Number (if known): _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

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

Relationship to Incident (select one):

- Self
- Authorized Representative
- Property/Vehicle Owner
- Attorney/ City Attorney
- Parent/ Guardian

Record Type:

- Crime Report - \$20.00
- Traffic Collision - \$20.00
- Booking Sheet - \$20.00
- Calls for Service Summary - \$20.00
- Public Calls for Service Report

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: _____