



CITY OF SAN BRUNO
POLICE DEPARTMENT

REQUEST FOR REPORT RELEASE

Filling out this form is optional and is designed to assist SBPD personnel in locating the records you are requesting

REPORT NUMBER: _____ DATE OF REQUEST: _____
TYPE OF REPORT: _____ DATE OF INCIDENT: _____
LOCATION OF INCIDENT: _____
PARTY/PARTIES INVOLVED (optional) : _____

Mailing address:

REQUESTOR'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: _____

PLEASE DO NOT WRITE BELOW THIS LINE

HOW RELEASED: Mailed Date: _____ Initials: _____
 Read Only In Person Date: _____ Initials: _____
Files checked for report: _____ by _____ by _____ by _____
RECEIPT#: _____ METHOD OF PAYMENT: Cash Check#: _____
Notes: _____

Revised 12/17/24

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