Case# or CFS# _____

Clearance Letter ☐ **(complete <u>Clearance</u> section)**

CITY OF EL CAJON POLICE DEPARTMENT, CALIFORNIA
Records Department, 100 Civic Center Way, El Cajon, CA 92020

POLICE REPORT COPY REQUEST AND/OR LETTER OF CLEARANCE FORM

<u>**The following information is required before a records search will be conducted. PLEASE "PRINT" CLEARLY**</u>

Your Name:	**DO NOT LIST BLOCKED PHONE NUMBERS** Home Phone# Cell Phone#
Business Name (if the victim)	Business Phone#

Address:	City:	State:	Zip:

PERSON ON RECORD_____
<u>**Your**</u> **relationship to this person**_____

Date/Time/Location of Incident_____

Type of Report: ( ) Traffic Collision ( ) Crime   Crime Type:_____

*Purpose/Reason for Request: ( )Victim ( )Witness ( )Insurance ( )Court ( )Attorney ( )Restraining Order
( )Immigration ( )Employment ( )Section 8 ( )Other_____

ALL REPORT COPIES WILL BE MAILED

I hereby declare under penalty of perjury that ☐ **I am** ☐ **I represent** ☐ **I am the attorney representing**
State Bar Number_____
a party of interest identified in the report herein.

> **Your Signature**:_____ **Today's Date**:_____

<u>**Clearance Letter Only**</u>**: Complete all information**

CITY of El Cajon Address:_____

Height___ Weight___ Hair Color _____ Eye Color____ Sex___ Race _____Date of Birth_____

Drivers License or Photo ID Card #_____ (attach a copy of the photo ID card)

Alien ID or Passport #_____(attach a copy of the photo ID card)

DO NOT WRITE BELOW THIS LINE
<u>**Records Staff:**</u> **Verify & write down the Photo ID# of the person requesting the REPORT/CFS copy;**

_____

ID #   **Type**   **State**

Receipt #	Initials & ID# of employee receiving request:	

Amount Received $ _____ Cash Check#_____ Credit/Debit _____ **DV**-no charge **OAR-no charge**

Date Mailed _____ **Front Counter Release Date** _____ **Supervisor Initials:**

NOTES: