



CSU - SAN BERNARDINO POLICE

REPORT/RECORDS REQUEST FORM

Date of Request: _____

TYPE OF REPORT CRIME ACCIDENT OTHER -

Use to describe other or give further details of request:

CASE # _____

Requestor Name _____

OR Company or Agent Requesting: _____

Mailing Address:
City, State, Zip _____

Mailing Address:
City, State, Zip _____

Date of Birth _____ CDL # _____ Phone _____ - _____

Phone _____ - _____

E-mail Address: _____

E-mail Address: _____

DISCLOSURE: Pursuant to the California Public Records Act 7922.535(a) each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, shall promptly notify the person making the request of the determination and the reasons therefor. Notification will be made by phone and/or e-mail. All fees will be paid upon pick up, once approved. Please submit this form in person, by fax (909) 537-7499, or mail to the following address: **CSU - San Bernardino Police / 5500 University Pkwy. / San Bernardino, CA 92407.** If you have further questions please call (909) 537-3552.

Cost:

\$0.10 - per page (standard/legal size)

\$0.20 - per page (Special Handling)

Due at the time of pick up.

Requestor Signature: _____

Date _____

Print Form

DEPARTMENT USE ONLY

Date Accepted: _____

Notification by:

PHONE

Employee making notification: _____

E-MAIL

Mail

Date _____

APPROVED

DENIED Reason: _____

Total Cost: Clerical Time

Circle: 1 Hr. / \$0 (# Quarters in Hr.)

of Pages _____ / Standard / Legal

Fees Exempt / _____
Approved by (Initials)

TOTAL _____

BURSARS RECEIPT # _____

CASH CHECK / # _____

Released by: _____

ID # _____

Reviewed by: _____

Date _____

Date Picked up _____

Requestor Signature: _____