

Hollister Police Department

Application for Release of Information

Business Line: 831-636-4330 Hours of release 9:00 a.m. to 4:00 p.m., Monday thru Friday

Report or CAD Number : _____

Type of Report (circle)

Date/Time of Occurrence: _____

CAD Crime Traffic Collision

Location of Incident: _____, _____

Name of Involved Party: _____, _____

Name of Applicant: _____ Contact Phone # _____
(print name)

PARTY OF INTEREST (*PLEASE CHECK ONE*)

Person Involved:
(Driver, Passenger, Pedestrian or Victim)

Representative of Insurance Company or
Insurance Adjusting Agency

Property Owner

Attorney

Authorized Individual
(Signed authorization is required)

Other Party of Interest (Specify)

Parent/Guardian of Juvenile Party

CERTIFICATION

I declare under the penalty of perjury that *I am* *I represent* *I am an attorney representing* the party of interest identified in the report recorded hereon.

SIGNATURE: _____ Date: _____