**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

<table>
<thead>
<tr>
<th>Report or CAD Number</th>
<th>Type of Report (circle)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>CAD  Crime  Traffic Collision</td>
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| Date/Time of Occurrence |  |
|-------------------------|  |

| Location of Incident |  |
|----------------------|  |

| Name of Involved Party |  |
|------------------------|  |

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Contact Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>(print name)</td>
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</tr>
</tbody>
</table>

**PARTY OF INTEREST (PLEASE CHECK ONE)**

- [ ] Person Involved:  
  (Driver, Passenger, Pedestrian or Victim)
- [ ] Property Owner
- [ ] Authorized Individual  
  (Signed authorization is required)
- [ ] Parent/Guardian of Juvenile Party
- [ ] Representative of Insurance Company or Insurance Adjusting Agency
- [ ] Attorney
- [ ] Other Party of Interest (Specify)

**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: ___________________