

**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., Mon. thru Friday

Date & Time of Occurrence	Type of Report <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Crime	Report Number (If Known)
Location of Incident	Name of Driver or Property Owner	
Name of Applicant/Agency	Date of Application	

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

<input type="checkbox"/> Person Involved: (Driver, Passenger, Pedestrian or Victim)	<input type="checkbox"/> Representative of Insurance Company or Insurance Adjusting Agency
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Attorney
<input type="checkbox"/> Authorized Individual (Signed authorization is required)	<input type="checkbox"/> Other Party of Interest (Specify) _____
<input type="checkbox"/> 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 \_\_\_\_\_