



Madera Police Department  
Release of Information Request

Date of Request: \_\_\_\_\_ Report # \_\_\_\_\_

Name of Victim: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Suspect/Offender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Date & Time Reported: \_\_\_\_\_

**Requesting Parties Involvement:**

- 1. Victim / Parent or Guardian of Victim
- 2. Authorized Representative of Victim
- 3. Insurance Carrier
- 4. Person Involved in Accident
- 5. Owner of Damaged Property
- 6. Party Accused of a Crime
- 7. Other:

**I declare, under penalty of perjury, that I am the party of interest as checked above.**

\_\_\_\_\_  
Print Name Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

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**Department Use Only**

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Copy Released: \_\_\_\_\_ Copy Denied: \_\_\_\_\_ Reason for Denial \_\_\_\_\_