



## SANTA BARBARA POLICE DEPARTMENT REQUEST FOR PUBLIC RECORDS

215 E. Figueroa St.  
Santa Barbara, CA 93101  
(805) 897-2355 (805) 897-2434 (FAX)  
Email: RTC@SBPD.COM

In accordance with the California Public Records Act (CPRA) Government Code Section 7920 et. seq., the City of Santa Barbara provides access to public records, except those exemptions from disclosure by law. Pursuant to the CPRA, the City has ten (10) days from receipt of the request to determine whether the request in whole or in part seeks copies of public records not exempt from disclosure in possession of the City and to extend by up to 14 days by written notice to the requestor, setting forth the reason for the time extension as required by the CPRA. If the City determines there are disclosable records, the records will be made available as promptly as is reasonably practicable. A request for a copy of an identifiable public record must be accompanied by payment of fees to cover the direct costs of duplication before copies are released. The copying cost is \$ 0.20 per printed page and \$ 25.00 per photo CD. Acceptable forms of payment are check, money order, cash, Visa, MasterCard or Discover. Checks can be made payable to the City of Santa Barbara. There is no fee for electronic records, ensure a valid email address is included.

**DO NOT USE THIS FORM IF ANY OF THE FOLLOWING APPLY (USE THE SANTA BARBARA POLICE DEPARTMENT REQUEST FOR REPORT FORM):**

- **CRIME REPORTS:** Victim, Insurance Agent, Parent/Guardian of Juvenile Victim, Attorney for Victim, Owner of Damaged Property
- **TRAFFIC COLLISION REPORTS:** Registered Owner, Driver, Injured Party, Owner of Damaged Property or Insured or Insurance Company
- **ARREST REPORTS:** Arrestee, Parent/Guardian of Juvenile Arrestee, Attorney for Arrestee
- **(Active Arrest Reports for Prosecution with the District Attorney will not be released through the Police Department)**

### REQUESTOR INFORMATION: (PLEASE PRINT OR TYPE)

NAME \_\_\_\_\_

☐ CHECK FOR ANONYMOUS

COMPANY OR AGENCY (If Applicable) \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**RECORD OR DOCUMENT REQUESTED.** Please be as specific and detailed as possible. If you are requesting statistical reports or other non-crime reports, please contact our office to ensure we provide you with accurate data.

**RECORD TYPE/DESCRIPTION:** ☐ CRIME REPORT ☐ CAD CALL ☐ DISPATCH/911 RECORDING

☐ MAV/BWC ☐ STATISTICS (COMPLETE OTHER DETAILS FOR DESCRIPTION)

☐ OTHER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ DATE OF INCIDENT/REPORTED: \_\_\_\_\_

NAME AND ROLE TYPE OF PERSON(S) INVOLVED: \_\_\_\_\_

ADDRESS OF OCCURANCE: \_\_\_\_\_

OTHER DETAILS: \_\_\_\_\_

I agree to pay for all applicable fees and charges for records I have requested.

**SIGNATURE** (Unless Anonymous) \_\_\_\_\_

**DATE** \_\_\_\_\_