Galt Police Department

"Public Trust through Professional Service"

Brian Kalinowski
Chief of Police

APPLICATION FOR RELEASE OF INFORMATION		
Date of Occurrence: Time of Occurrence:	Type of Report: ☐ Traffic ☐ Crime ☐ Arrest ☐ Other	Report Number:
Location of Incident:	Name of Driver or Property Owner:	
Name of Requestor /Applicant:		Phone Number:

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)	☐ Authorized School Official
☐ Parent/Guardian of Juvenile Party **RELEASE OF JUVENILE RECORD FORM REQUIRED**	☐ Other Party of Interest (Specify)_____ _____

CERTIFICATION

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

Signature:_____ Date:_____

FOR GALT PD USE ONLY

RECORDS INFORMATION

COPY RELEASED (DATE):_____ BY (NAME & P#):_____

DENIED (DATE):_____

REASON FOR DENIAL:_____