

Case# or CFS# _____
Clearance Letter (complete Clearance section)

CITY OF EL CAJON POLICE DEPARTMENT, CALIFORNIA
Records Department, 100 Civic Center Way, El Cajon, CA 92020

POLICE REPORT COPY REQUEST AND/OR LETTER OF CLEARANCE FORM

Your Name:	DO NOT LIST BLOCKED PHONE NUMBERS
	Home Phone#
	Cell Phone#
Business Name (if the victim)	Business Phone#

Address: _____ City: _____ State: _____ Zip: _____

ALL REPORT COPIES WILL BE MAILED

I hereby certify under penalty of perjury that the requested records Will Not be used for commercial purposes as defined in ARS 39.121.03.

Your Signature: _____ Today's Date: _____

The following information is required before a records search will be conducted. PLEASE "PRINT" CLEARLY

PERSON ON RECORD _____

Your relationship to this person _____

Date/Time/Location of Incident _____

Type of Report: () Traffic Collision () Crime Crime Type: _____

***Purpose/Reason for Request:** ()Victim ()Witness ()Insurance ()Court ()Attorney ()Restraining Order
()Immigration ()Employment ()Section 8 ()Other _____

Clearance Letter Only: Complete all information

CITY of El Cajon Address: _____

Height___ Weight___ Hair Color _____ Eye Color___ Sex___ Race _____ Date of Birth_____

Drivers License or Photo ID Card # _____ (attach a copy of the photo ID card)

Alien ID or Passport # _____ (attach a copy of the photo ID card)

REQUESTER--DO NOT WRITE BELOW THIS LINE

Records Staff: Verify & write down the Photo ID# of the person requesting the REPORT/CFS copy;

ID # _____ **Type** _____ **State** _____

Receipt # _____ Initials & ID# of employee receiving request: _____

Amount Received \$ _____ Cash Check# _____ Credit/Debit _____ **DV-no charge OAR-no charge**

Date Mailed _____ **Front Counter Release Date** _____ **Supervisor Initials:** _____

NOTES: