

-REQUEST FOR POLICE REPORT

IT IS MANDATORY TO HAVE A SELF ADDRESSED LEGAL SIZE STAMPED ENVELOPE FOR YOUR REPORT TO BE PROCESSED.

Mail Request To: San Francisco Police Department
Report Management Section
1245 3rd Street
San Francisco, CA 94158

Name: _____

Address: _____

City, State, Zip: _____

-----fold here-----

Contact Phone: (_____) _____

SF Police Report #: _____

Name of Party Listed in Report: _____

Date of Birth: Month_____/Day_____/Year_____

Your Interest In This Incident: _____

Type of Incident: _____

Date/Time of Occurrence: _____

Location of Occurrence: _____

Vehicle Involved: (License Plate Number / State) _____

I declare this statement to be true and correct:

Signature

Date

Note: VEHICLE ACCIDENT REPORTS ARE ONLY PREPARED FOR HIT & RUN, DRUNK DRIVING AND PERSONAL INJURY CASES. All request for copies of police reports will be handled in the order they are received and will be delivered to requester by return mail ONLY. Some reports are restricted and/or inaccessible.

Requestor ID/DL: _____

RMS Signoff _____

Date: _____