

SHASTA COUNTY MARSHAL
APPLICATION FOR RELEASE OF INFORMATION

CASE # _____

APPLICANT NAME: _____ DATE: _____

Address _____

PHONE #: (HOME) _____ (CELL) _____ (OTHER) _____

APPLICANT IS: Person Involved ATTORNEY Parent/Guardian of Juvenile
 INSURANCE CARRIER Other _____

Authorized Representative – CERTIFICATION of Authorized Representative:

(Relationship to person involved) _____, I declare under the penalty of perjury.
that I _____, am representing the person involved.

SIGNATURE: _____ DATE: _____

LOCATION: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

TYPE OF INCIDENT: _____

REQUEST:

DVD (\$10 PER DVD) USB (\$10 PER USB) Report(\$0.50 per page)
 Log Entry (\$0.50 per page)

DO NOT WRITE BELOW THIS LINE

General Counsel:

YES, the information can be released, except for the following:

NO, the information cannot be released.

Signature of General Counsel: _____ DATE: _____

Information Released to:

Attorney Parent/Guardian of Juvenile Insurance Carrier
 Authorized Representative (Relationship to person involved) _____

Information Released By:

Name _____ Date _____

Marshal Sergeant PSSO Deputy Records