

PALOS VERDES ESTATES POLICE DEPARTMENT

APPLICATION FOR RELEASE OF INFORMATION

TODAY'S DATE: _____

DR# _____

DATE AND TIME OF OCCURRENCE: _____

TYPE OF REPORT: _____

LOCATION OF INCIDENT: _____

NAME OF DRIVER OR PROPERTY OWNER: _____

NAME OF APPLICANT / AGENCY: _____

PARTY OF INTEREST (PLEASE CHECK ONE) :

PERSON INVOLVED:
DRIVER, PASSENGER, VICTIM, OTHER _____

PROPERTY OWNER

AUTHORIZED INDIVIDUAL
(SIGNED AUTHORIZATION REQUIRED)

PARENT / GUARDIAN OF JUVENILE PARTY

ATTORNEY: _____

REPRESENTATIVE OF INSURANCE COMPANY

OTHER PARTY OF INTEREST (EXPLAIN)

I declare under penalty of perjury that (circle one)...I am, I represent, or I am the attorney representing...the party of interest identified in the report recorded hereon.

SIGNATURE _____