

MERCED POLICE DEPARTMENT
APPLICATION FOR RELEASE OF POLICE REPORT

Date of Report

Report Number

Classification of Report

This will certify that I represent _____ who was involved in this incident as

Driver Passenger Pedestrian Property Owner Other _____

and/or that I have a proper interest as Insurance Representative Attorney (NOTE - Signed authorization
of individual required) Other _____

Signature _____ Date _____ Time _____

Firm _____

Address _____

No. of Copies _____ Total Fee: \$ _____ CASH CHECK ON ACCOUNT

Date Order Completed _____ By _____

This order was placed In Person By Phone By Mail Other _____