



# SAN JOSE POLICE DEPARTMENT

201 West Mission St., San Jose, CA 95110

## Public Records Request Form

*This form is not required to submit a request, but helps the Department with tracking and responding.*

### To be Completed by Requestor

<p><b>Name of Requestor:</b> <input style="width: 90%;" type="text"/></p> <p><b>Agency/Company:</b> <input style="width: 90%;" type="text"/></p> <p><b>Address:</b> <input style="width: 90%; height: 40px;" type="text"/></p> <p><b>Telephone:</b> <input style="width: 90%;" type="text"/></p> <p><b>Fax:</b> <input style="width: 90%;" type="text"/></p> <p><b>Email:</b> <input style="width: 90%;" type="text"/></p> <p><b>Requested Documents (Please be as specific as possible)</b></p> <div style="border: 1px solid black; height: 100px; width: 90%; margin-top: 5px;"></div>	<p><i>Please indicate how you would like the Department to respond to your request:</i></p> <p><input type="checkbox"/> Walk in /Personal Pick-Up</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Computers/Email</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Other _____</p>
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*For internal use only.*

Request Received	Request Completed (Notification Given of Record Availability)	Request Picked-Up/Mailed/Faxed
Date Due:                  Staff Initials:	Date:                          Staff Initials:	Staff Initials:
How Request Was Received	Notification	Completion
<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other	Assigned to: _____ 1st Response: _____ 2nd Response: _____	<input type="checkbox"/> Pick-Up <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Other