SAN FRANCISCO POLICE DEPARTMENT
PUBLIC RECORDS REQUEST FORM

(San Francisco Sunshine Ordinance, Administrative Code §67.1 et. seq.)

(DO NOT USE THIS FORM TO REQUEST INCIDENT REPORTS OR TRAFFIC COLLISION REPORTS)

Date: _____

San Francisco Police Department

___ Media Relations Unit
850 Bryant Street, Room 553
San Francisco, CA 94103
FAX: (415) 553-9229

___ Legal Division
850 Bryant Street, Room 575
San Francisco, CA 94103
FAX: (415) 553-7307

Requester Name: _____

Address: _____

City / State / Zip: _____

Telephone: _____

Records Requested: (Please provide a reasonable description of the specific records)

_____

_____

_____

_____

_____

_____

Please use an additional page if more space is needed.

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____ I would like to **inspect** the records. Please advise me when the records are available for inspection at a location designated by the Police Department.

____ I would like to **pick up** copies of the records from Police Department Headquarters. Please advise me when the records are ready. I understand that I must pay for the copies before the Department will release them to me.

____ Please **mail** the records to the address above. I understand that I must pay for postage and the copies before the Department will send the records.

____ If less than 10 pages, please **fax** the documents to: _____. If the records cannot be faxed, please use the alternative method checked above.

___ If the records are in electronic form, and if consistent with Police Department procedures, please **email** the records to the following email address: _____. If the records cannot be sent electronically, please use the alternative method checked above.