



# JOHN D'AGOSTINI

SHERIFF – CORONER – PUBLIC ADMINISTRATOR  
COUNTY OF EL DORADO  
STATE OF CALIFORNIA

## APPLICATION FOR RELEASE OF INFORMATION

Per Board resolution, the cost of reports is \$10.00. If your request is approved, you will be contacted to arrange for pick-up and payment for reports. If request is denied, you will receive a written denial.

Today's Date: \_\_\_\_\_

victim    suspect    reporting party    contact    witness    attorney    other

Name of Requestor or Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Mailing Address** where information can be mailed to you:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<p><b>REQUEST FOR:</b>   <input type="checkbox"/> Report/s      Case Number: _____</p> <p><input type="checkbox"/> <b>CALLS FOR SERVICE:</b>      Date &amp; Time of Occurrence: _____</p> <p>Address or Location of Incident: _____</p> <p>Name Inquiry: _____      Date of Birth: _____</p>
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Signature: \_\_\_\_\_

### OFFICIAL USE ONLY

**REQUESTED REPORT/INCIDENT IS READY FOR PICKUP AT THE SHERIFF'S RECORDS OFFICE. WILL BE HELD FOR 5 DAYS FROM BELOW LISTED DATE.**

REPORT/INCIDENT #: \_\_\_\_\_

FEE: \_\_\_\_\_

**DENIED:**      Reason: \_\_\_\_\_

Notified by:    Phone    Msg. left    Mail    Fax    Disseminated

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Telephone: (530) 621-5703      Fax (530) 626-8163