

**NEVADA COUNTY  
SHERIFF'S OFFICE**



**SHANNAN MOON**  
SHERIFF/CORONER  
PUBLIC ADMINISTRATOR

**Application for Release of Information**

The cost per report is \$5.00 for the first page and \$0.50 for each page thereafter. If report copies are not retrieved at the Sheriff's Office with thirty (30) days after the date of the request, they will be discarded.

Initials: \_\_\_\_\_

**I understand that the processing of this request may take up to ten (10) days from receipt of this application, that the contents of this item may be redacted and the records may not be releasable in compliance with California Government Code Section 6254.**

Does the requested report involve a juvenile?  Yes  No  I Don't Know

Date of Request: \_\_\_\_\_ Item(s) Requested: \_\_\_\_\_

Report Type:  Domestic Violence  Sexual Assault  Stalking  
 Human Trafficking  Elder or Dependent Adult Abuse  
 Other (please describe): \_\_\_\_\_

Requestors Last Name: \_\_\_\_\_ Requestors First Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Involvement:  Victim  Suspect  Insurance Carrier  Attorney  
 Parent or Guardian  Other Party of Interest \_\_\_\_\_

Victim's Name: \_\_\_\_\_

Report Number (if known): \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Type of Crime (burglary, theft, vandalism): \_\_\_\_\_  
Location of Incident (if case number is unknown): \_\_\_\_\_

Report Number (if known): \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Type of Crime (burglary, theft, vandalism): \_\_\_\_\_  
Location of Incident (if case number is unknown): \_\_\_\_\_

I declare under penalty of perjury, that I am the applicant described above and the information requested will not be used to harass, degrade or humiliate any person. This information is the property of the Nevada County Sheriff's Office and is not to be disclosed without expressed authority of the Sheriff. I hereby agree to indemnify and hold harmless the Nevada County Sheriff's Office and the County of Nevada for any liability arising out of the improper use of the information provided.

Requestor's Signature: \_\_\_\_\_

Date Released: \_\_\_\_\_ Releasing Party: \_\_\_\_\_  
Date Denied: \_\_\_\_\_ Denial Reason: \_\_\_\_\_  
Check ID & Amount Due: \_\_\_\_\_