



Albany Police Department

Oswaldo 'Ozzie' Carbajal, Chief of Police

REQUEST FOR RELEASE OF INFORMATION

Please complete the form below. This form is designed to facilitate a timely response to your request. The information requested of you on this form is optional. You may choose not to provide the information requested on this form. An incomplete form may result in our inability to comply with your request for release of information.

Information Requested:

Name of Person Requesting Records: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Incident: _____ Offense Report Number: _____

Email Address: _____

Preferred method to receive reports: EMAIL IN PERSON MAIL

Check the appropriate box(s): Are you the: VICTIM PARENT OF A JUVENILE OTHER PARTY

If OTHER, please explain: _____

Contact Info to receive reports: _____

If you are a *parent of a juvenile victim and/or parent of a juvenile offender* please provide information to us that will ensure that you are the legal representative of the juvenile: _____

Reason for request:

Dated: _____

Signature of Requestor

PLEASE NOTE: You may be charged for the requested copies at the rate designated according to the Albany Police Department Fee schedule.