



**APPLICATION FOR RELEASE OF INFORMATION  
SUNNYVALE DEPARTMENT OF PUBLIC SAFETY  
700 All America Way, Sunnyvale, CA 94088  
Records Unit 408-730-7100**

**PLEASE NOTE: Form completion is not required to request information.  
If you prefer to make a verbal request please notify staff.**

**CASE#** \_\_\_\_\_

**TODAY'S DATE** \_\_\_\_\_

**Date/time of incident:**

\_\_\_\_\_

**Location of incident:**

\_\_\_\_\_

**Name of applicant:**

\_\_\_\_\_

**Contact Number:**

\_\_\_\_\_

**Type of report:**

\_\_\_\_\_

**Name(s) of involved party(ies):**

\_\_\_\_\_

**Information requested:**

Report

Other \_\_\_\_\_

**Address if you wish the response to be mailed to you**

\_\_\_\_\_

**NOTICE: If you are requesting information that involves a juvenile your request will require a Juvenile Court Waiver. Please see Records Staff for additional details.**