



The City of Brea Police Department

1 CIVIC CENTER CIRCLE, BREA, CA 92821-5732

714-990-7625

www.breapolice.net

REQUEST FOR RELEASE OF RECORDS INFORMATION

To assist us in expediting your request, please print clearly and complete all three sections.

1	Requested by	Please indicate return preference. Records cannot be emailed. Mailed <input type="checkbox"/> Faxed <input type="checkbox"/>	
	Address	Telephone	Fax
	City, State, Zip	Alternate contact number/email address (optional):	
Police Report Number (if known)		Type of Incident	
Date and Time of Report		Location of Incident	

2 I am the:

<input type="checkbox"/> Victim	<input type="checkbox"/> Parent/Guardian of Minor: _____
<input type="checkbox"/> Domestic Violence Victim (no fee)	<input type="checkbox"/> Attorney Representing (attach waiver) _____
<input type="checkbox"/> Suspect/Arrested Person	<input type="checkbox"/> Insurance Representative for _____
<input type="checkbox"/> Driver	<input type="checkbox"/> Owner of Vehicle/Property _____
<input type="checkbox"/> Passenger	<input type="checkbox"/> Other (Specify) _____

Request for Police Records:

<input type="checkbox"/> Police Report from Incident (\$3)	<input type="checkbox"/> Other Requests:
<input type="checkbox"/> Records Statistics - specify	<input type="checkbox"/> Copy of Photographs from Incident (\$35) Please specify - printed set <input type="checkbox"/> or CD <input type="checkbox"/>
<input type="checkbox"/> Incident History for Location	<input type="checkbox"/> Other - specify

Provide Specific Information for Search:

FOR DEPARTMENT USE ONLY	
Rec'd by: _____	Date: _____
Fee paid (circle) \$3.00 none other: \$ _____	Paid by (circle) check CC cash
Request Approved/Denied (circle) By: _____	Date: _____
Mailed/Faxed/Other _____	
Copy to P & E <input type="checkbox"/> Dispatch <input type="checkbox"/> Date _____	

3 I declare under penalty of perjury that the information indicated above is true and correct and I am the party of interest.

Signature _____ Driver's License Number _____ Date _____

For payment by credit card: Type of card: (circle) Visa, Mastercard, or Discover
 Name on card: _____
 Card #: _____ Expiration Date: _____
 Billing zip code _____



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REQUEST FOR COPY OF POLICE REPORT/ACCIDENT REPORT

Please read the instructions below and complete the application on the reverse side of this form. If all sections are not completed, your request will be denied. Any notarized letters, signed waivers by clients, etc. must be attached. Reports requested on behalf of a business should include documentation that the requestor is entitled to receive the report.

Police report requests are processed in 10 working days upon receipt. Please note that there is an internal approval process and reports are not available for release until this process is completed. Requests may be submitted by mail, email, dropped off at the police department front counter, or by fax.

The fee is \$3.00 for reports and \$35.00 for photos. Payment may be made by cash, check, or credit card. **PLEASE DO NOT MAIL CASH.** Checks may be made payable to the City of Brea. All requests will be reviewed and you will receive your report or notification of denial within 10 working days from the date your request is received, plus mailing time. Payments are processed at the time of request approval.

Mailing address: City of Brea Police Department
Attn: Police Records
1 Civic Center Circle
Brea, CA 92821-5732

Telephone (714) 990-7626
Fax (714) 990-7641
Email Records@cityofbrea.net**

The Record Division front counter is open from 8:00 AM to 6:00 PM, Monday through Friday; 8:00 AM to 2:00 PM, Saturdays; and closed on Sundays. If you have any questions, please contact the Records Bureau at the above listed number.

*Please contact Property & Evidence at (714) 990-7656 for any questions regarding requests for duplication of photos. Photos will be mailed unless other arrangements are made for pickup.

**Emailed requests are returned via fax or mail only. Please indicate preference on request form.