



SHASTA COUNTY
Office of the Sheriff



APPLICATION FOR RECORDS

Tom Bosenko
SHERIFF-CORONER

Applicant Name: _____ CDL # : _____

Address.....: _____

Sheila Ashmun
UNDERSHERIFF

Area Code and Telephone Number: (_____) _____

Applicant is:

_____ Person Involved

_____ Insurance Carrier

_____ Attorney

_____ Parent of Juvenile

_____ Other Party of Interest

_____ Guardian of Juvenile

Specify: _____ Relationship: _____

Case Number: _____

Type of Incident. . . : _____

Location of Incident: _____

Date of Incident. . . : _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT I AM THE PARTY OF INTEREST AS CHECKED ABOVE.

Signature. . . : _____

Released by . . : _____

Date Released: _____ Time Released: _____

Reason for Denial / Comments: _____
