



SHASTA COUNTY SHERIFF

Michael L. Johnson
Sheriff-Coroner

APPLICATION FOR RECORDS

Applicant Name: _____ CDL # _____

Area Code and Telephone Number: _____

Applicant is:

- Person Involved
- Attorney
- Other Party of Interest

- Insurance Carrier
- Parent of Juvenile
- 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: