

CASE # _____

EL CAJON POLICE DEPARTMENT
Records Division, 100 Civic Center Way, El Cajon, CA 92020

INSURANCE / ATTORNEY REQUEST FORM

Your client's name: _____

How is your client involved in this case? _____ (driver, victim, passenger: if passenger, please provide name of driver(s) involved.)

Claim # or Policy # _____ (required from insurance companies)

Type of report: () traffic accident () crime – type _____

() other - type _____

Location of incident _____ (El Cajon Police Department only takes reports within the incorporated city limits of El Cajon. If you are not certain about the jurisdiction, please check your Thomas Bros. Map.)

I hereby certify under penalty of perjury that the requested record(s) will not be used for commercial purposes as defined in ARS 39.121.03

Print name

Signature

Bar Number (required from attorneys)

Your Company name: _____

Your Mailing Address: _____

**Please
Print**

Your Phone Number (_____) _____ - _____

PLEASE PROVIDE:

**Check or money order for \$10.00 payable to the City of El Cajon for each copy requested
Legal size, self-addressed, stamped envelope**

Requestor – Do Not Write Below This Line

Requestor's ID# _____ Type _____ State _____

Receipt # _____ Employee Initials/ID# Receiving Request _____

Date Mailed _____ Front Counter Release Date _____ Supervisor's Initials _____