

Case# or CFS# \_\_\_\_\_  
Clearance Letter

CITY OF EL CAJON POLICE DEPARTMENT, CALIFORNIA  
Records Department, 100 Fletcher Parkway, El Cajon, CA 92020

**POLICE REPORT COPY REQUEST AND/OR LETTER OF CLEARANCE FORM**

Your Name:	<b>DO NOT LIST BLOCKED PHONE NUMBERS</b>
Business Name (if the victim)	Home Phone# Cell Phone# Business Phone#

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ALL REPORT COPIES WILL BE MAILED**

I hereby certify under penalty of perjury that the requested records Will Not be used for commercial purposes as defined in ARS 39.121.03.

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**The following information is required before a records search will be conducted. PLEASE "PRINT" CLEARLY**

**PERSON ON RECORD**  
Your relationship to this person \_\_\_\_\_

**Date/Time/Location of Incident** \_\_\_\_\_

**Type of Report:** ( ) Traffic Collision ( ) Crime Crime Type: \_\_\_\_\_

**\*Purpose/Reason for Request:** ( )Victim ( )Witness ( )Insurance ( )Court ( )Attorney ( )Restraining Order  
( )Immigration ( )Employment ( )Section 8 ( )Other \_\_\_\_\_

**REQUESTER--DO NOT WRITE BELOW THIS LINE**

**Records Staff:** Verify & write down the Photo ID# & ID type of the person requesting the copy;

ID #	Type	State
------	------	-------

**REQUESTER--DO NOT WRITE BELOW THIS LINE**

**Records Staff: Complete the Below Information for a Clearance Letter Only:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Drivers License or Photo ID Card # \_\_\_\_\_ (attach a copy of the photo ID card)  
Social Security # \_\_\_\_\_  
Alien ID # \_\_\_\_\_

Receipt # \_\_\_\_\_ Initials & ID# of employee receiving request: \_\_\_\_\_

Amount Received \$ \_\_\_\_\_ Cash Check# \_\_\_\_\_ Credit/Debit \_\_\_\_\_ **DV-no charge OAR-no charge**

**Date Mailed & Supervisor Initials:**