LPD
REC'D
STAMP

Lincoln Police Department
770 7th Street
Lincoln, CA 95648
916-645-4089 Records Department

APPLICATION FOR RELEASE OF INFORMATION

TODAY'S DATE: _____ REPORT OR INCIDENT NUMBER: _____

NAME OF INVOLVED PARTY: _____

LOCATION OF OCCURRENCE: _____

DATE OF OCCURRENCE: _____

STATUS OF REQUESTING PARTY (CHECK ONE):

- ☐ INVOLVED PARTY
- ☐ AUTHORIZED REPRESENTATIVE
- ☐ INSURANCE CARRIER
- ☐ PERSON INVOLVED IN ACCIDENT
- ☐ OWNER OF DAMAGED PROPERTY
- ☐ OTHER (SPECIFY): _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT I AM THE PARTY OF INTEREST OR AN AUTHORIZED REPRESENTATIVE AS INDICATED ABOVE.

_____ _____
PRINT NAME SIGNATURE

_____ _____
STREET ADDRESS PHONE NUMBER

_____ _____
CITY / STATE / ZIP CODE EMAIL ADDRESS

BUSINESS NAME (*IF REQUIRED*): _____

All requests for copies of Police Reports/Public Records will be subject to the following:

1. All requests for Police Reports/Public Records will be made on a Lincoln Police Department Application of Release of Information form which is available from the Clerk/Dispatcher.
2. Requested reports/records are subject to a processing time of ten (10-15) working days.
3. You will receive a phone call when your request has been processed.

FOR RECORDS USE ONLY

REPORT/INCIDENT NUMBER: _____ COPY RELEASED: ☐ DENIED: ☐

REASON FOR DENIAL: _____

REQUESTOR CONTACTED? YES ☐ NO ☐ DATE:_____ TIME:_____ RESULT:_____

RELEASING PARTY'S SIGNATURE/BADGE NUMBER: _____ DATE RELEASED: _____

REV 2026