

**SAN FRANCISCO POLICE DEPARTMENT
PUBLIC RECORDS REQUEST FORM**

(San Francisco Sunshine Ordinance, Administrative Code §67.1 et. seq.)

**(DO NOT USE THIS FORM TO REQUEST INCIDENT REPORTS
OR TRAFFIC COLLISION REPORTS)**

Date: _____

San Francisco Police Department

___ Media Relations Unit
1245 3rd Street, 6th Floor
San Francisco, CA 95158
FAX: (415) 837-7249

___ Legal Division
1245 3rd Street, 4th Floor
San Francisco, CA 95158
FAX: (415) 553-1999

Requester Name: _____

Address: _____

City / State / Zip: _____

Telephone: _____

Records Requested: (Please provide a reasonable description of the specific records)

Please use an additional page if more space is needed.

___ I would like to **inspect** the records. Please advise me when the records are available for inspection at a location designated by the Police Department.

___ I would like to **pick up** copies of the records from Police Department Headquarters. Please advise me when the records are ready. I understand that I must pay for the copies before the Department will release them to me.

___ Please **mail** the records to the address above. I understand that I must pay for postage and the copies before the Department will send the records.

___ If less than 10 pages, please **fax** the documents to: _____. If the records cannot be faxed, please use the alternative method checked above.

___ If the records are in electronic form, and if consistent with Police Department procedures, please **email** the records to the following email address:

_____. If the records cannot be sent electronically, please use the alternative method checked above.