



# Gonzales Public Safety Department

109 Fourth Street / PO Box 647, Gonzales, CA, USA 93926

Office: (831) 675-5010 Fax: (831) 675-3205

**Report Request / Background Letter**

NAME \_\_\_\_\_

Personal

ADDRESS \_\_\_\_\_

Telephone

Mail

Fax

TELEPHONE \_\_\_\_\_

Information requested \_\_\_\_\_

**Reason for request:**

Involved party in case

Insurance carrier

Involved party in accident

Authorized representative of victim

Owner of damaged property

Press

Other (explain) \_\_\_\_\_

Your request will be processed in accordance with the Public Records Act. Please be advised that your request will be processed within 10 days from your request.

I certify under the penalty of perjury that the information applied for is necessary in the interest of the due administration of the laws, and not for the purpose of assisting a private citizen in carrying out his/her personal interest or in a manner to maliciously harass, degrade, or humiliate any person. (Statement required by Penal Code Section 11105).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approved / Denied Records Supervisor**

\_\_\_\_\_  
**Date**