

Port of San Diego
H A R B O R P O L I C E
APPLICATION FOR RELEASE OF REPORT(S)

NOTICE:

THEFT OR ALTERATION OF AN OFFICIAL DOCUMENT IS A FELONY PUNISHABLE UNDER GOVERNMENT CODE SECTION 6201

DATE OF APPLICATION	DATE & TIME OF OCCURENCE	CASE NUMBER
LOCATION OF OCCURRENCE	NAME OF PERSON INVOLVED	
NAME OF APPLICANT/AGENCY	HOME/BUSINESS ADDRESS	
<u>PARTY OF INTEREST - CHECK ONE</u>		<u>FOR HPD USE ONLY</u>
<input type="checkbox"/> VICTIM/PERSON INVOLVED	<input type="checkbox"/> REPRESENTATIVE OF INSURANCE COMPANY OR ADJUSTING AGENCY (POLICY OR CLAIM # MUST BE PRESENTED)	RECEIPT #
<input type="checkbox"/> ATTORNEY		AMOUNT OF FEE PAID
<input type="checkbox"/> OTHER PARTY OF INTEREST (SPECIFY BELOW) _____	<input type="checkbox"/> AUTHORIZED INDIVIDUAL (SIGNED AUTHORIZATION REQUIRED OF INDIVIDUAL REPRESENTED)	RECEIVED BY
<u>CERTIFICATION</u>		
I DECLARE, UNDER PENALTY OF PERJURY, <input type="checkbox"/> I AM <input type="checkbox"/> I REPRESENT		
THE PARTY OF INTEREST IDENTIFIED IN THE REPORT HEREON.		
PRINT NAME	SIGNATURE	

I CERTIFY THE INFORMATION REQUESTED WILL BE USED SOLELY FOR THOSE LIMITED PURPOSES STATED AND WILL NOT BE USED TO HARASS, DEGRADE, OR HUMILIATE ANY PERSON. THE REQUESTING AGENCY OR PERSON AGREES TO INDEMNIFY AND HOLD HARMLESS THE PORT OF SAN DIEGO HARBOR POLICE DEPARTMENT FOR ANY LIABILITY ARISING OUT OF THE IMPROPER USE OF THE INFORMATION PROVIDED.

SIGNATURE

DATE

FOR HPD USE ONLY

DATE	RECEIPT #	TYPE OF REPORT	# OF COPIES	CLERK'S INITIALS