

**APPLICATION FOR RELEASE OF REPORT(S)****THEFT OR ALTERATION OF AN OFFICIAL DOCUMENT IS A FELONY PUNISHABLE UNDER GOVERNMENT CODE SECTION 6201**

DATE OF APPLICATION:	DATE & TIME OF OCCURRENCE:	CASE NUMBER:
LOCATION OF OCCURRENCE:	NAME OF PERSON INVOLVED:	
NAME OF APPLICANT/AGENCY:	HOME/BUSINESS ADDRESS:	
<p style="text-align: center;"><b>PARTY OF INTEREST</b> (CHECK ONE)</p> <p><input type="checkbox"/> VICTIM/PERSON INVOLVED</p> <p><input type="checkbox"/> ATTORNEY</p> <p><input type="checkbox"/> OTHER PARTY OF INTEREST (SPECIFY BELOW)</p> <p>_____</p> <p><input type="checkbox"/> REPRESENTATIVE OF INSURANCE COMPANY OR ADJUSTING AGENCY (POLICY OR CLAIM # MUST BE PRESENTED &amp; SIGNED AUTHORIZATION)</p> <p><input type="checkbox"/> AUTHORIZED INDIVIDUAL (SIGNED AUTHORIZATION REQUIRED OF INDIVIDUAL REPRESENTED)</p>		

**CERTIFICATION**

***I DECLARE, UNDER PENALTY OF PERJURY, THE PARTY OF INTEREST IDENTIFIED IN THE REPORT HEREON.***

***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 IDEMNIFY AND HOLD HARMLESS THE PORT OF SAN DIEGO HARBOR POLICE DEPARTMENT FOR ANY LIABILITY ARISING OUT OF THE IMPROPER USE OF THE INFORMATION PROVIDED.***

\_\_\_\_\_  
Print Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**FOR HPD USE ONLY**

Date:	<input type="checkbox"/> Cash	Receipt Number:	Amount Paid:	Number of Copies:	Received By:
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