

**NEVADA COUNTY
SHERIFF'S OFFICE**



SHANNAN MOON
SHERIFF/CORONER
PUBLIC ADMINISTRATOR

Application for Release of Information

The cost per report is \$5.00 for the first page and \$0.50 for each page thereafter. If report copies are not retrieved at the Sheriff's Office with thirty (30) days after the date of the request, they will be discarded.

Initials: _____

I understand that the processing of this request may take up to ten (10) days from receipt of this application, that the contents of this item may be redacted and the records may not be releasable in compliance with California Government Code Section 7920-7931.

Does the requested report involve a juvenile? Yes No I Don't Know

Date of Request: _____ Item(s) Requested: _____

Report Type: Domestic Violence Sexual Assault Stalking
 Human Trafficking Elder or Dependent Adult Abuse
 Other (please describe): _____

Requester's Last Name: _____ Requester's First Name: _____
Phone Number: _____ Email Address: _____
Address: _____ City: _____ State: _____ Zip: _____

Your Involvement: Victim Suspect Insurance Carrier Attorney
 Parent or Guardian Other Party of Interest _____

Victim's Name: _____

Report Number (if known): _____ Date of Incident: _____
Type of Crime (burglary, theft, vandalism): _____
Location of Incident (if case number is unknown): _____

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Type of Crime (burglary, theft, vandalism): _____
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I declare under penalty of perjury, that I am the applicant described above and the information requested will not be used to harass, degrade or humiliate any person. This information is the property of the Nevada County Sheriff's Office and is not to be disclosed without expressed authority of the Sheriff. I hereby agree to indemnify and hold harmless the Nevada County Sheriff's Office and the County of Nevada for any liability arising out of the improper use of the information provided.

Requestor's Signature: _____

Date Released: _____ Releasing Party: _____
Date Denied: _____ Denial Reason: _____
Check ID & Amount Due: _____