

SHASTA COUNTY MARSHAL

APPLICATION FOR RELEASE OF INFORMATION

Case # _____
Name _____ PH # _____
Address _____

Applicant is: Person involved Attorney Parent/Guardian of Juvenile
 Insurance Carrier Other _____

Authorized Representative – CERTIFICATION of Authorized Representative:

(Relationship to person involved) _____, I declare under penalty of perjury that I _____, am representing the person involved.

Signature: _____ Date: _____

REQUEST

DVD (\$4.00 per DVD) Report (\$ 0.25 per page) Log Entry (\$ 0.25 per page)

Persons Involved: _____

Location: _____

Date & Time _____

DO NOT WRITE BELOW THIS LINE

General Counsel:

YES the information can be released, except the following: _____

NO the information requested cannot be released
Signature of General Counsel: _____ Date: _____

Information Released to:

Attorney Parent /Guardian of Juvenile Insurance Carrier
 Authorized Representative (*Relationship to person involved*)

Information Released by:

Name _____ Date _____
 Marshal Sergeant PSSO Deputy