



Citrus Heights Police Department
 6315 Fountain Square Drive, Citrus Heights, CA 95621 (916) 727-5500

Code Enforcement Public Records Request

(Complete a separate form for each address)

For Property Located at:

PROPERTY ADDRESS

REQUESTORS INFORMATION

NAME:	TODAY'S DATE:
YOUR MAILING ADDRESS:	
TELEPHONE:	CELL PHONE:
EMAIL:	
YOUR RELATIONSHIP TO THE PROPERTY <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> PROPERTY MANAGER <input type="checkbox"/> OTHER <input type="checkbox"/> CURRENT TENANT <input type="checkbox"/> FORMER TENANT <input type="checkbox"/> NEIGHBOR	

REQUESTED DOUCMENTS/INFORMATION (Be as specific as possible)

<input type="checkbox"/> OFFICER REPORT	APPROXIMATE DATE(S) OF ACTIVITY: _____
<input type="checkbox"/> NOTICES	DESCRIPTION: _____
<input type="checkbox"/> PHOTOS	_____
<input type="checkbox"/> CITATIONS	_____
<input type="checkbox"/> OTHER	_____

OFFICIAL USE ONLY

Identification Verified(if applicable) <input type="checkbox"/> No <input type="checkbox"/> Yes ID# _____	Information Provided <input type="checkbox"/> All <input type="checkbox"/> Partial (See Below) <input type="checkbox"/> Redacted <input type="checkbox"/> Not Redacted Method of Release <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Viewed	Authorization <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason for Denial: _____ _____ <input type="checkbox"/> Notification of denial provided <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email
Requested Completed by:	Date Completed:	Pages Provided: