



OAKLAND POLICE DEPARTMENT
Public Records Request Form
TF-3281 (Aug 12)

Use a separate form for each request.

REQUESTOR: PLEASE COMPLETE PART 1 & 2

| | | | |
|---|---------------|---------------------------------------|--------------------------|
| Request Received By Enter Serial No. | | Date of Receipt, if different | |
| PART 1 – REQUESTOR INFORMATION | | | |
| Name of Requestor - Last/First Name | Email Address | Date of Request | Contact Number |
| Agency/Company | | | Alternate Contact Number |
| Address | | <input type="checkbox"/> Oakland/City | Zip Code |

PART 2 – DOCUMENT / INFORMATION REQUESTED (Requestor to check all boxes that apply and enter all known information)

| INFORMATION TYPE | | | | |
|---|---|---|--------------------------------|--|
| <input type="checkbox"/> Offense Report | Recording: | <input type="checkbox"/> Video | <input type="checkbox"/> Audio | <input type="checkbox"/> In-Car Video <input type="checkbox"/> CAD Purge |
| <input type="checkbox"/> Crime | <input type="checkbox"/> Traffic Accident | <input type="checkbox"/> Traffic Enforcement Incident | | <input type="checkbox"/> Training Record |
| <input type="checkbox"/> Department Publication | <input type="checkbox"/> Complaint | <input type="checkbox"/> Employment Contract (MOU) | | <input type="checkbox"/> Other: _____ |
| KNOWN INFORMATION | | | | |
| Report / Citation Number (if known) | Date of Report/Incident | | Time of Incident | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Location of Incident | | | Name of Involved Party | |
| Vehicle Information | License No. | VIN Number | Make | Model |
| Describe request. (Be as specific as possible) | | | | |

PART 3 - FOR RECORDS DIVISION USE ONLY

| | | | |
|---|------------------------------|-----------------|--|
| Request Received Via | Custodian of Record Assigned | PRRC Log Number | Response Due Date |
| <input type="checkbox"/> Drop-off <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____ | Enter Organizational Unit | | Enter 10 Days From Date of Request/Receipt |

PART 4 – CUSTODIAN OF RECORD USE ONLY

| | | | | |
|---|--|---|---------------------------------|-----------------------------|
| Release Approved By | Notification of Determination | | Anticipated Completion Date | Actual Date Completed |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Enter Serial No. | <input type="checkbox"/> PRRC <input type="checkbox"/> Requestor | Date | Enter a Reasonable Timeline |
| Extension Needed – Reason | | Extension Approved By | New Anticipated Completion Date | Actual Date Completed |
| <input type="checkbox"/> Outside Facility <input type="checkbox"/> Consultation Needed | <input type="checkbox"/> Volume of Search <input type="checkbox"/> Programming Required | Enter Serial No. | Enter a Reasonable Timeline | |

PART 5 – FEE DETERMINATION AND COLLECTION – Complete if fees are to be collected by the Records Division

| | | | |
|-------------------------------------|-------------------------|---|--|
| Copy Fee: | Number of Copies: _____ | X \$0.05/page | = \$ |
| Authorized Flat Rate Fee: | | | = \$ |
| Research Time Fee (Subpoenas Only): | Number of Hours: _____ | @ \$24.00/hour | = \$ |
| TOTAL COST | | | \$ |
| Date Requestor Notified | Enter Date Notified | <input type="checkbox"/> Picked up <input type="checkbox"/> Mailed <input type="checkbox"/> Other (Describe): _____ | Destruction Date <small>Enter Date Requested File Destroyed</small> |

| | | |
|---|----------|------|
| Signature of Person Picking up Request or Name of Person Mailing or Other | X | Date |
|---|----------|------|

White Copy to Records Division

Yellow Copy to Custodian of Record

Pink Copy to Requestor