

# Santa Cruz County Sheriff's Office

## Document Request Form

In order to expedite your request please complete this form to the best of your knowledge. You will be requested to show a picture ID of proof of representation.

Date of Request \_\_\_\_\_ Requested By \_\_\_\_\_

How would you like us to respond? ( ) Call When Ready ( ) Mail ( ) Email

Telephone # or Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

### 1. Case Copy Request:

Santa Cruz County Sheriff's office Case# \_\_\_\_\_

(Note: Requests for Arrest Reports must be made through the District Attorney's Office)

### 2. Address Research / Calls To Service:

Time Period: From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Address: \_\_\_\_\_

Information being requested: \_\_\_\_\_

Certification: I declare under penalty of perjury that I am:

X \_\_\_\_\_

Per 7922.535 GC we will respond to your request within 10 days.