

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 6253c GC we will respond to your request within 10 days.