



**PUBLIC INFORMATION REQUEST  
SONORA POLICE DEPARTMENT**

DATE: \_\_\_\_\_

**\*\*THE INFORMATION MAY OR MAY NOT BE AVAILABLE AT THE TIME REQUESTED OR MAY NOT BE AVAILABLE FOR PUBLIC INSPECTION. SHOULD THIS OCCUR. THE INFORMATION WILL BE RELEASED AT THE EARLIST CONVENIENCE.**

PERSON REQUESTING INFORMATION: \_\_\_\_\_

REPRESENTING FIRM OR COMPANY: \_\_\_\_\_

(If Applicable)

**ADDRESS:**

\_\_\_\_\_

**PHONE:**

\_\_\_\_\_

\_\_\_\_\_

**DETAILED DESCRIPTION OF PUBLIC RECORD(S) REQUEST (NAME, ADDRESS/LOCATION, DATE OR DATE RANGE, CRASH REPORT, OFFENSE REPORT, CALLSHEET, ETC):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

.....

**\*\*\*\*\* OFFICIAL USE ONLY \*\*\*\*\***

**APPROVAL FOR RELEASE OF PUBLIC RECORD(S)**

ACCEPTED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

APPROVAL MUST BE GIVEN BY THE DEPARTMENT HEAD OR CITY ATTORNEY OR CITY MANAGER. CITY OFFICIAL.

\_\_\_\_\_  
SIGNATURE



**\*\*\*\*\*FOR OFFICAL USE ONLY\*\*\*\*\***

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