



**OAKLAND POLICE DEPARTMENT**  
Public Records Request Form  
TF-3281 (Jun 07)

Use a separate form for each request.

REQUESTOR: PLEASE COMPLETE PART 1 & 2

Request Received By Enter Serial No.	Date of Receipt, if different
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**PART 1 – REQUESTOR INFORMATION**

Name of Requestor - Last/First Name (Please Print Legibly)	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 <input type="checkbox"/> Drop-off <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____	Custodian of Record Assigned Enter Organizational Unit	PRRC Log Number	Response Due Date Enter 10 Days From Date of Request/Receipt
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**PART 4 – CUSTODIAN OF RECORD USE ONLY**

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

**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	= \$
<b>TOTAL COST</b>			<b>\$</b>
Date Requestor Notified	Enter Date Notified	<input type="checkbox"/> Picked up <input type="checkbox"/> Mailed <input type="checkbox"/> Other (Describe): _____	Destruction Date Enter Date Requested File Destroyed

Signature of Person Picking up Request or Name of Person Mailing or Other	<b>X</b>	Date
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White Copy to Records Division

Yellow Copy to Custodian of Record

Pink Copy to Requestor