



# 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.**