

**Sonoma Police Department**  
**175 First Street West**  
**Sonoma CA 95476      707-996-3602**

**Report Request Form**

**Report Fee: \$ 15.20 per copy**

Today's Date: \_\_\_\_\_ Report # (if known): \_\_\_\_\_

Names of Involved Parties: \_\_\_\_\_

Date and Location of Incident: \_\_\_\_\_

Nature of Incident: \_\_\_\_\_

Date Report Was Taken / Deputy/Officer Name: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Phone #: \_\_\_\_\_

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

Released to: Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_