

UNIVERSITY POLICE DEPARTMENT  
 Records Division  
 San Diego State University  
 5500 Campanile Drive  
 San Diego, California 92182  
 Tel: (619) 594-5102/(619) 594-1986  
 Fax: (619) 594-8208  
 www.police.sdsu.edu



## REPORT REQUEST APPLICATION

A \$5.00 processing fee must be submitted at the Parking Services or Key Issue window prior to submitting the application in the form of cash, check, or credit card. Attach receipt to this form. If mailing, attach a check or money order. A response will be mailed to you within 10 days.

<b>Today's date:</b>	<b>File/Case Number:</b>

<b>Your LAST Name</b>	<b>First</b>

<b>Mailing Street Address</b>	<b>Apartment or Residence Hall Number</b>

<b>City and State</b>	<b>ZIP Code</b>

<b>Day Time Telephone Number</b>	<b>Best Time to Call Me</b>
(     )	

### **REPORT INFORMATION**

<b>Date and Time the Incident Occurred</b>	<b>Date you Reported it to University Police</b>

<b>Type of Report</b>		
<input type="checkbox"/> Traffic Accident	<input type="checkbox"/> Loss/Theft	<input type="checkbox"/> Other (Specify)

<b>Type of Applicant</b>		
<input type="checkbox"/> Victim	<input type="checkbox"/> Owner	<input type="checkbox"/> Other:

If you are not the victim or owner, print the name of the involved party and clearly state your authority to receive a copy of the requested report:

I declare under the penalty of perjury that the above information is true and correct.

**Applicant Signature:**

Intake Staff Unit #: \_\_\_\_\_ Date: \_\_\_\_\_ Photo ID Checked: \_\_\_\_\_  
 SDSU Receipt Attached       Check Attached

