



# SAN MATEO COUNTY SHERIFF'S OFFICE

330 Bradford St., Redwood City, CA 94063  
Telephone: 650-363-4911

Attached is a copy of the Request for release of information or report. Please fill out the form completely and send it in with a copy of your Driver's License or government issued ID.

There are 3 options in sending in the information:

You can bring the request in person or mail it to:

**San Mateo County Sheriff's Office**  
**Records Bureau**  
**330 Bradford St.**  
**Redwood City, CA 94063**

You can also make the request via email to: [SHERIFFS\\_recordsrequest@smcgov.org](mailto:SHERIFFS_recordsrequest@smcgov.org)

We accept several forms of payment:

- Cash (exact change only, in-person only)
- Credit Card (in-person or via email)
- Money Order
- Cashier's Check

We do not accept personal checks

**The fee varies depending on where the report was taken:**

**Unincorporated SMC:** No charge

**Millbrae:** \$12.02

**San Carlos:** \$10

**Half Moon Bay:** \$10

Ken Binder, Sheriff



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## Request for Release of Information or Report

Report / Incident #: \_\_\_\_\_

Name of Subject/Requester: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Address to mail report: \_\_\_\_\_

Email: \_\_\_\_\_

..... If an official request for criminal records information, complete the following .....

Agency: \_\_\_\_\_ Detail/Division: \_\_\_\_\_

Badge #: \_\_\_\_\_

I certify under penalty or perjury that I am familiar with the limited purposes set forth in Penal Code Section 11105 for which the requested information may be used. I further state that the information released here under will be used solely for the specific purpose noted above will not be used to harass, degrade or humiliate any person, nor for employment or related purpose. I further certify as to the need to fulfill official duties and obligations of my office and hereby agree to indemnify the Sheriff of San Mateo County for any liability arising out of improper use of the information provided.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Sheriff's Office Records Staff

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  Criminal Records Technician I/II/III  Criminal Records Supervisor

Please email form and copy of ID to: [SHERIFFS\\_recordsrequest@smcgov.org](mailto:SHERIFFS_recordsrequest@smcgov.org)