



# COUNTY OF SAN MATEO OFFICE OF THE SHERIFF

CARLOS G. BOLANOS  
SHERIFF

TRISHA L. SANCHEZ  
UNDERSHERIFF

400 COUNTY CENTER    REDWOOD CITY    CALIFORNIA 94063-1662    TELEPHONE (650) 599-1664    www.smcsheriff.com

ADDRESS ALL COMMUNICATIONS TO THE SHERIFF

CAD Incident # \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Date & Time Frame to be searched: From: \_\_\_\_\_ To: \_\_\_\_\_

Please choose delivery:

Please mail CAD Incident to:

\_\_\_\_\_

Street Address	City	State	Zip
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Please email CAD Incident to:

\_\_\_\_\_

Email copy of signed request with a copy of a valid photo ID to:

[jprado@smcgov.org](mailto:jprado@smcgov.org) or [ecaprista@smcgov.org](mailto:ecaprista@smcgov.org)

Or you may mail to:

San Mateo County Sheriff's Office  
Attn: Records Supervisor  
400 County Center, 3<sup>rd</sup> Floor  
Redwood City, CA 94063

I certify under penalty of 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 hereunder will be used solely for the specific purpose noted above and will not be used to harass, degrade or humiliate any person, nor for employment of 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: \_\_\_\_\_