



COUNTY OF SAN MATEO
OFFICE OF THE SHERIFF

A TRADITION OF SERVICE SINCE 1856

CARLOS G. BOLANOS, SHERIFF
MARK C. ROBBINS, UNDERSHERIFF

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 or Division: _____

Badge #: _____

[] I certify that the information provided will not be used to investigate, interrogate, detain, detect, or arrest persons for the purpose of immigration enforcement

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 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
[] Criminal Records Supervisor

Please email form and copy of ID to : sheriffs_recordsrequest@smcgov.org