



The City of Brea Police Department

1 CIVIC CENTER CIRCLE, BREA, CA 92821-5732

714-990-7625

www.breapolice.net

REQUEST FOR RELEASE OF RECORDS INFORMATION

To assist us in expediting your request, please print clearly and complete all three sections.

1	Requested by	Please indicate return preference. Records cannot be emailed. Mailed <input type="checkbox"/> Faxed <input type="checkbox"/>	
	Address	Telephone	Fax
	City, State, Zip	Alternate contact number/email address (optional):	

Police Report Number (if known)	Type of Incident
Date and Time of Report	Location of Incident

2	I am the:	
	<input type="checkbox"/> Victim <input type="checkbox"/> Domestic Violence Victim (no fee) <input type="checkbox"/> Suspect/Arrested Person <input type="checkbox"/> Driver	<input type="checkbox"/> Parent/Guardian of Minor: _____ <input type="checkbox"/> Attorney Representing (attach waiver) _____ <input type="checkbox"/> Insurance Representative for _____ <input type="checkbox"/> Other: _____
	Request for Police Records:	Other Requests:
	<input type="checkbox"/> Police Report from Incident (\$3) <input type="checkbox"/> Other - specify _____	<input type="checkbox"/> Copy of Photographs from Incident (\$35) Please specify – printed set <input type="checkbox"/> or CD <input type="checkbox"/>

Additional Information for Search (optional):

FOR DEPARTMENT USE ONLY	
Rec'd by: _____	Date: _____
Fee paid (circle) \$3.00 none	other: \$ _____ Paid by (circle) check CC cash
Request Approved/Denied (circle) By: _____	
Mailed/Faxed/Other _____	Date: _____ Copy to P & E <input type="checkbox"/> Date _____

3	I declare under penalty of perjury that the information indicated above is true and correct and I am the party of interest.		
	Signature _____	Driver's License Number _____	Date _____

For payment by credit card: Please note there is a 2.5% service fee (minimum of \$0.50) for all electronic transactions effective March 1, 2026. This fee is automatically collected by the City's third party payment providers. The fee amount is based on the cost charged by the payment provider, and the City does not retain any portion of this fee.

Type of card: (circle) Visa, Mastercard, or Discover
 Name on card: _____
 Card #: _____ Expiration Date: ____/____
 Billing zip code _____ CVV _____



The City of Brea Police Department

1 CIVIC CENTER CIRCLE, BREA, CA 92821-5732

714-990-7625

www.breapolice.net

REQUEST FOR COPY OF POLICE REPORT/ACCIDENT REPORT

Please read the instructions below and complete the application on the reverse side of this form. If all sections are not completed, your request will be denied. Any notarized letters, signed waivers by clients, etc. must be attached. Reports requested on behalf of a business should include documentation that the requestor is entitled to receive the report.

Per Government Code 7922.535(a), "each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefor. If the agency determines that the request seeks disclosable public records, the agency shall also state the estimated date and time when the records will be made available." Requests may be submitted by mail, email, dropped off at the police department front counter, or by fax.

The fee is \$3.00 for reports and \$35.00 for photos. Payment may be made by cash, check, or credit card. PLEASE DO NOT MAIL CASH. Checks may be made payable to the City of Brea. All requests will be reviewed and you will receive your report or notification of denial within 10 days from the date your request is received, plus mailing time. Payments are processed at the time of request approval.

Mailing address: City of Brea Police Department
Attn: Police Records
1 Civic Center Circle
Brea, CA 92821-5732

Telephone (714) 990-7626
Fax (714) 990-7950
Email Records@cityofbrea.gov

The Record Division front counter is open from 8:00 AM to 6:00 PM, Monday through Friday. If you have any questions, please contact the Records Bureau at the above listed number.

Please contact Property & Evidence at (714) 990-7656 or (714) 990-7607 for any questions regarding requests for duplication of photos. Photos will be mailed unless other arrangements are made for pickup.

Emailed requests are returned via fax or mail only. Please indicate preference on request form.

Additional fees: Audio Duplication: \$52.00 per disk
Video Duplication: \$52.00 per disk