ALAMEDA COUNTY SHERIFF'S OFFICE REQUEST FOR COPY OF INCIDENT/CRIME REPORT

Report Number(s):			
Date and Time of Incident			
Location of Incident			
Name of Person(s) Involved			
	Per	rson Requesting (Copy of Report
Your Name: Bryan Tor			
Address: MuckRock News DEP	T MR#142974 2	263 Huntington	Ave _{City:} Boston
State: MA	Zip Code: 021	115	Tel. No:617-299-1832
Email Address: 142974-136820	74@requests.m	nuckrock.com	Check box if your number is blocked
			(Check appropriate box)
 Domestic Violence Restra Insurance Claim Parent/Guardian of: Civil Action Other: Please see attachmed 	 Victim of C Juvenile Vic Criminal Ac 	Crime ctim	 Suspected of a Crime Juvenile Suspect
Government Code Section 6254 information and your copy of the r			ff's Incident Report may not be deemed public provisions of the law.
	pect(s). If you	are a listed suspe	eleasing the address and telephone number of ect, your copy of the report will be edited court discovery process.
	released. Once it	has been determin	<i>0 business days</i> from the time of your request ted the report can be released, the report will <i>at this time</i> .
Government Code Section 625 accordance with actual costs incur		da County Board	of Supervisors sets the amount of fees in
	hrough Friday, ex	cluding holidays.	
MV on behalf of Bryan Tor			04/05/2023
(Signature of Requ	esting Party)		(Date)
	Of	ffice Use Only	

Office Use Only			
Accepted by:	Date:		
Approved by:	Date:		
Prepared by:	_ Date:		
Notified by:	Date:		
Picked up by:	Date:		

Last Update: 05/01/12