



City of **Hanford**
Police Department

Case # _____

Officer Name: _____ ID# _____

IDENTITY THEFT INFORMATION FORM

Please fill out this form and return it to the Hanford Police Department as soon as possible. This form should be mailed to 425 N. Irwin Street, Hanford CA 93230, or dropped off between the hours of 8:00AM and 5:00 PM Monday thru Friday. The information you provide will be used to understand what occurred, organize the investigative case, determine where evidence might be found, and determine what financial institutions should be contacted in the course of the investigation. PLEASE TYPE OR PRINT.

Date this form was filled out: _____

Social Security Number: _____

Drivers License Number and State: _____

Date of Birth: _____

Home Address: _____

Home Telephone Number: _____

Cell Phone Number: _____

Employer: _____

Work Address: _____

Work Telephone Number: _____

Suspect Information: _____

Your Relationship to Suspect: _____

ADDITIONAL LAW ENFORCEMENT ACTION

Please circle that which applies:

I **am / am not** willing to assist in the prosecution of the person(s) who committed this crime.

I **am / am not** authorizing the release of any information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this crime.

I **have / have not** reported the events described in this form to other law enforcement agencies.

The other law enforcement agency **did/ did not** write a report.

In the event you have contacted another law enforcement agency, please complete the following.

| | |
|--------------------|------------------------------------|
| (Agency #1) | (Officer/Investigator Name) |
|--------------------|------------------------------------|

| | |
|-------------------------|------------------------|
| (Date of report) | (Report Number) |
|-------------------------|------------------------|

| | |
|------------------------------|-------------------------|
| (Agency Phone Number) | (Agency Address) |
|------------------------------|-------------------------|

| | |
|--------------------|------------------------------------|
| (Agency #2) | (Officer/Investigator Name) |
|--------------------|------------------------------------|

| | |
|-------------------------|------------------------|
| (Date of report) | (Report Number) |
|-------------------------|------------------------|

| | |
|------------------------------|-------------------------|
| (Agency Phone Number) | (Agency Address) |
|------------------------------|-------------------------|

| | |
|--------------------|------------------------------------|
| (Agency #3) | (Officer/Investigator Name) |
|--------------------|------------------------------------|

| | |
|-------------------------|------------------------|
| (Date of report) | (Report Number) |
|-------------------------|------------------------|

| | |
|------------------------------|-------------------------|
| (Agency Phone Number) | (Agency Address) |
|------------------------------|-------------------------|

NOTE: You **MUST** attach copies of **ALL** pertinent documents to this report (i.e. bank statements, credit card statements, credit reports, etc.)



City of **Hanford**
Police Department

Identity Theft Victims
Fraudulent Account Information Request
Made Pursuant to California Penal Code 530.8

To: _____

Account #: _____

Reference #: _____

I have been a victim of identity theft as defined in California Penal Code section 530.5, and am informed and believe the applications have been filed and/or accounts opened, with the above entity in my name and using my personal information, without authorization by me or anyone authorized to act on my behalf. I have filed a report with the Hanford Police Department and a copy of the police report is attached to this request. **Pursuant to California Penal Code section 530.8**, I am hereby requesting the above entity to provide me and the law enforcement officer designated below, free of charge, copies of all applications filed and accounts opened in my name, including but not limited to the records of all the above account number(s). My personal information is set forth below.

Victim's name: _____ CDL#: _____

Social Security #: _____ Date of Birth: _____

Victims Address: _____

Police Officer: _____ ID#: _____ Case #: _____

Mailing Address: 425 N. Irwin Street, Hanford, CA 93230

Phone: (559) 585-2540 FAX : (559) 585-4792

Please provide all records associated with the account, including but not limited to application forms and full application information, statements, charge slips, telephone and fax numbers, e-mail and delivery addresses, IP addresses, and printout of records contained in computer databases to the law enforcement Officer assigned above. I understand that I have the right to revoke this authorization at anytime. Unless revoked in writing this authorization is valid for 3 years.

Dated: _____ Signature of Victim: _____

Please send all requested records within (10) days to the designated Police Officer at the above mailing address, with the attached declaration (affidavit) signed by an authorized representative of your company. Any questions should be directed to the designated Police Officer at the above number.

NOTE: California Law requires the release of this information in 10 days. Failure to comply with this request may result in action by the District Attorney to compel disclosure in person to the court and/or result in civil penalties for damages incurred by victim due to noncompliance. (Penal Code Section 530.8 (d)(1))