

CERTIFICATION AND REQUEST

Crime Report Filed

California Government Code § 7480(b)

Name of financial institution:

Method of notification to institution:

- U.S. Mail:** [insert postal address]
- Fax:** [insert fax number]
- E-mail:** [insert e-mail address]

Account holder

Name:

Date of birth or Social Security Number (if known):

Account number (if known):

Certifying officer

Name of officer:

Name of agency:

Address of agency:

Phone or fax number

E-mail address:

CERTIFICATION: I hereby certify the following:

- (1) **“Financial institution”:** The institution identified above is a “financial institution” as defined by Gov. Code § 7465(a), and is doing business in California.
- (2) **Account holder:** The account holder identified above is a person who has, (a) transacted business with the financial institution identified above, (b) has used the services of the institution, or (c) has a fiduciary relationship with the institution. Gov. Code § 7465(d).
- (3) **Certifying agency:** The certifying agency is a California police department, sheriff’s department, or district attorney’s office. Gov. Code § 7480(b).
- (4) **Crime report filed:** A crime report was filed with, or forwarded to, the certifying agency as follows:
 - Fraud:** This report involves the alleged fraudulent use of drafts, checks, or other orders drawn upon the financial institution identified above.
 - Date(s) of occurrence:** The date(s) on which these drafts, checks, or other orders were fraudulently used were: [insert dates(s)]

TO THE FINANCIAL INSTITUTION IDENTIFIED ABOVE: Based on the above certification, and pursuant to Government Code § 7480(b), I hereby request the following:

Transmit documents: Transmit copies of the following documents pertaining transactions on the above account during the 30 days before and after the date(s) of occurrence.

- The number of items dishonored during the following time period: 30 days before and after the date(s) of occurrence.
- The number of items paid which created overdraft
- The amount of dishonored items and items paid which created overdrafts and a statement explaining any credit arrangement between the bank and account holder to pay overdrafts.
- The dates and amounts of deposits and debits, and account balances on these dates.
- A copy of the signature card.
- The date the account opened and, if applicable, the date it was closed.

Method of transmission: Please send the documents to the certifying officer as follows:

- U.S. Mail:** [insert agency’s postal address]
- Fax:** [insert agency’s fax number]
- E-mail:** [insert agency’s e-mail address]

DECLARATION: I declare under penalty of perjury that the information within my personal knowledge contained in this affidavit, including all incorporated documents, is true.

Date

Certifying officer