

**CITY OF PHOENIX POLICE DEPARTMENT
RECORDS AND IDENTIFICATION BUREAU
620 WEST WASHINGTON
PHOENIX, ARIZONA 85003**

Under the provisions of A.R.S. 39-121, Public Records Law, it is requested that the following record be released:

Date of Incident **Report Number**

Location of Incident **Names of Parties Involved**

Type of Incident or Related Information

Purpose of Request (Not to be used for Commercial Purposes)

The cost is a minimum of \$3.00 per request. Each additional page over 22 is 14 cents per page photocopied or 3 cents per page laser copied. All requests must be prepaid.

I further agree to hold the City of Phoenix, its agents and employees harmless from any claim, causes of action or other liability that may arise as a result of furnishing these documents to me or as a result of my use or misuse of these documents.

Please provide the following information:

Date of Request

Requester's Name (Printed) **Company Name (if applicable)**

Requester's Signature

Address **City** **State** **Zip**

(Area code) Telephone Number

-
(FOR USE OF PHOENIX POLICE DEPARTMENT EMPLOYEES)

OK to release: As edited [] Unedited [] **Authorized by:** _____
(Bureau Commander)

PAGES: _____ **COST:** _____ **PAID:** _____ **A#:** _____ **VIEW** **U/L**