



POLICE DEPARTMENT

Chief of Police John D. Noland



PUBLIC RECORDS REQUEST

The information provided on this form will assist the Sahuarita Police Department in providing the public records you are requesting. You must provide sufficient information to specifically identify records, such as a **case number**, incident location and/or date of occurrence. Under Arizona law, some information that is not subject to release may be removed from records.

Fees:

Report- .25 Cents per page

Photos - \$5.00 per request (CD format only)

(Victim's are allowed one free copy of their report. Not applicable for photos.)

Methods of payment: debit/credit cards, cash must be submitted in exact change.

COMPLETE THIS SECTION FOR A COPY OF CASE REPORT

Name of Requestor: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone Number(s) During Business Hours: _____

Report

Photos

Case Number(s): _____ Date(s) of Incident(s): _____

Location of Incident: _____

How are you involved in the case? (check one):

Agent Reportee Driver Defendant Victim Suspect Other

I certify that I am the Legal Guardian of the minor victim in this case:

Victim's Name

Signature of Guardian

Is the information you are obtaining for commercial purposes? : Yes No

OFFICIAL USE ONLY	
RELEASED BY (NAME & BADGE): _____	DATE: _____
RECEIPT NUMBER: _____	# OF PAGES _____ AMOUNT: \$ _____
RELEASE AUTHORIZED BY (IF APPLICABLE): _____	

Community * Safety * Service

Town of Sahuarita | 315 W. Sahuarita Center Way | Sahuarita, AZ 85629 | 520.344.7000 | www.sahuaritaaz.gov