



SCOTTSDALE POLICE DEPARTMENT
CRIME ANALYSIS UNIT, 9065 E. VIA LINDA, SCOTTSDALE AZ 85258
TELEPHONE 480-312-8155

CITY OF SCOTTSDALE
CRIME ANALYSIS REQUEST FORM

Instructions:

Complete this form, providing as much information as possible. Failure to do so may delay processing.

Requested Information: (provide as much detail as possible)

Requesting Party Information:

Name (please print) _____

Street address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

FAX _____ Email Address _____

I hereby certify that the requested records will not be used for a commercial purpose.

Signature _____ Date _____

FOR CRIME ANALYSIS USE ONLY:

Received By _____ Date _____ Processed By _____ Date _____

Mailed By _____ Date _____