SCOTTSDALE POLICE DEPARTMENT, 8401 E. INDIAN SCHOOL, SCOTTSDALE AZ 85251

Hours of Operation: Monday - Friday, 8:00 am - 6:00 pm (closed City Holidays)

TELEPHONE 480-312-1999

CITY OF SCOTTSDALE
REQUEST FOR OFFICIAL POLICE REPORT

Instructions:

1) Complete this form, providing as much information as possible. Failure to do so may delay processing.
2) If the report is not available at the time of your request, it will be mailed to you when it becomes available.

➔ **WHAT ARE YOU REQUESTING?** (Please ☑ CHECK appropriate box)

☐ **Police Report**

Fee $5 (+ .25 per page after 30 pgs) or CD

Report Number # _____

Type of incident

☐ Assault ☐ Burglary
☐ Domestic Violence ☐ DUI
☐ Homicide ☐ Traffic Accident
☐ Other _____

Date/Time of Incident _____

Location _____

Names of Involved Parties:

_____ _____ _____
Last First DOB

_____ _____ _____
Last First DOB

☐ **Record of Search**

Fee $10

An Official Notarized Document listing any history of arrests on **yourself** in the City of Scottsdale.

Must provide Gov't Issued Photo ID.

_____ _____
Last First

_____-_____-_____ _____/_____/_____
Social Security Number Date of Birth

☐ **Call For Service/Event History**

Fee $5

A list of Calls For Service originating from a specific address during a specific time frame.

Location _____

Date: From _____ to _____

☐ **Audio / 911 Tape**

Fee $16.50 (When Available for above report)

☐ **Photo CD**

Fee $5 (When Available for above report)

☐ **Other Police Media**

Fee $11 ie: Police Interviews, etc (When Available for above report)

FOR RECORDS USE ONLY:

Date Received: By B# _____

Fee Received $ _____ By B# _____

Method of Payment: ☐ Cash ☐ Check # _____

Date Processed: By B# _____

Date Released: By B# _____

Number of pages released _____
☐ Mailed ☐ Released in person

Reason for Redaction:
☐ Privacy ☐ Confidentiality ☐ Best Interests of the Government

➔ **Requesting Party Information:**

_____
Name Email

_____
Address Apt #

_____
City / State / Zip

( )
Phone

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

If Accident report, I further certify that I am an involved party, vehicle owner, or insurance company, attorney or private investigator representing an involved party or owner for the requested report.

_____
Signature **Date**