



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

Hours of Operation: Monday - Friday, 8:00 am - 6:00 pm (Closed Saturday/Sunday/City Holidays)

**COST:** \$ 5.00 FOR ALL REPORTS plus \$0.25 per page after 30 pages.  
 \$15.00 for Audio/911 Tape (when available)  
 \$15.00 for Photo CD (when available)  
 \$45.00 for Video Tape (when available)

**WHAT ARE YOU REQUESTING? (provide report number)**

Call For Service # \_\_\_\_\_ Field Contact # \_\_\_\_\_ REPORT # \_\_\_\_\_

Audio/911 Tape \_\_\_\_\_ Record of Search (Soc. Sec. #) \_\_\_\_\_

Date and Time of Incident \_\_\_\_\_ Location \_\_\_\_\_

Type of Report: \_\_Traffic Accident \_\_Burglary/Theft \_\_Other, please specify \_\_\_\_\_

**NAMES OF INVOLVED PARTIES:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

**REQUESTING PARTY INFORMATION:**

Name (please print) \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR RECORDS USE ONLY:**

Received By \_\_\_\_\_ Date \_\_\_\_\_ Processed By \_\_\_\_\_ Date \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ Mailed By \_\_\_\_\_ Date \_\_\_\_\_