



**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.
 \$ 16.50 for Audio/911 Tape (when available)
 \$ 5.00 for Photo CD (when available)
 \$ 11.00 for Other Digital Media Requests (when available)

WHAT ARE YOU REQUESTING? (provide report number)

Call For Service # _____ Field Contact # _____ REPORT # _____

Audio/911 Tape _____ Photo CD _____ 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.

Accident Reports Only: 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 _____

FOR RECORDS USE ONLY:

Received By _____ Date _____ Processed By _____ Date _____

Cash _____ Check _____ Check # _____ Mailed By _____ Date _____