



Police Department

REQUEST FOR INSPECTION OF PUBLIC RECORD

Requestor's Name: _____

Address: _____

Date: _____ Phone: _____ Representing: _____

Requesting:	<input type="checkbox"/> Case Report	<input type="checkbox"/> Accident Report	<input type="checkbox"/> Photos
	<input type="checkbox"/> Audio Tapes	<input type="checkbox"/> Video Tape	<input type="checkbox"/> 9-1-1 Recording
	<input type="checkbox"/> Radio Recordings	<input type="checkbox"/> Other (Specify) _____	

Case Report Number: _____ Date of Incident: _____

Location of Incident: _____ Responding Officer: _____

Date needed by: _____

Other information regarding request:

GENERAL INFORMATION

Request for inspections of The University of Arizona Police Department records must be presented to the Records Section of the Police Department, 1852 East First Street, Tucson, Arizona 85721. Requests can be faxed to **(520) 621-3716**. Original records furnished for inspection may not be removed from the department where such records are permanently stored and shall be overseen by a Records section employee.

Request for inspection of other university public record documents **NOT RELATED TO UAPD** can be made through The Coordinator of Public Records P.O. Box 210066, Tucson, Arizona 85721; or see www.arizona.edu/publicrecords

The University of Arizona Police Department will charge for making copies of public records, computer costs if any, direct labor and supplies incurred in providing public records as guided by law and regulation.

UAPD Fee Schedule

One (1) to five (5) pages	\$5.00	One (1) CD video per case	\$40.00
Six (6) pages or more	\$.10/additional page	additional videos associated w/same case	\$5.00/additional CDs
Clerical Support	Up to \$10.00/hour	(1) CD with photos or audio	\$5.00 per CD

In accordance with ARS 39-121.03, I certify that the copies of public records herein requested will not be used for commercial purposes.

Signature of person requesting inspection of Public Record

For use by Records Section Only

Route to Department of: _____

Name of Account Number Record: _____

Request completed by: _____ Date: _____

Amount Paid: _____ Cash Check Other Receipt # _____