REQUEST FOR INSPECTION OF PUBLIC RECORD

Requestor’s Name:____________________________________________________________________________________
Address:____________________________________________________________________________________________
Date:______________________ Phone:__________________________  Representing:___________________________

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 #______________