REQUEST FOR INSPECTION OF PUBLIC RECORD

Requestor’s Name:___________________________________

Address:___________________________________________

Date:_____________ Phone:__________________________ Representing:___________________________

Requesting: [ ] Case Report [ ] Accident Report [ ] Photos
[ ] Audio Tapes [ ] Video Tape [ ] 9-1-1 Recording
[ ] Radio Recordings [ ] Other (Specify) ____________________________

Case Report Number:_______________ Date of Incident:______________

Location of Incident:_________________________ Responding Officer:________________________

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, phone number (520) 621-7536 fax number (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 are made to through The Coordinator of Public Records P.O. Box 210066, Tucson, Arizona 85721-0066, phone (520) 621-1986 fax number (520) 621-9001; 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

<table>
<thead>
<tr>
<th>Number of Pages</th>
<th>Cost</th>
<th>CD with: Photos / Video / Audio</th>
</tr>
</thead>
<tbody>
<tr>
<td>One (1) to five (5) pages</td>
<td>$5.00</td>
<td>$4.00</td>
</tr>
<tr>
<td>Six (6) pages or more</td>
<td>$.10/additional page</td>
<td>(Circle item(s) you need)</td>
</tr>
<tr>
<td>Clerical Support</td>
<td>Up to $10.00/hour</td>
<td></td>
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</tbody>
</table>

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 #_________