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|---|
| Date contacted for pick-up:<br>_____    |
| Date message left for pick-up:<br>_____ |

**REQUEST FOR INSPECTION OF PUBLIC RECORD**

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ 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 Recordings |
|             | <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 can be requested:

- In person at the Records Section of the Police Department, 1852 East First Street, Tucson, Arizona 85721.
- Faxed to **(520) 621-3716**
- Email - [Records2@email.arizona.edu](mailto:Records2@email.arizona.edu).

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](http://www.arizona.edu/publicrecords)

Original records furnished for inspection **may not be removed** from the Department where such records are stored and shall be overseen by a Records section employee.

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.

- ❖ CD with photos or audio is \$10.00 and payment is required at the time of request. Additional CD's associated with the same case will be \$5.00 each.
- ❖ CD or DVD Video per case is \$40.00 and payment is required at the time of request. Additional Videos associated with the same case will be \$10.00 each.
- ❖ Clearance Letter is \$10.00

Items not picked up sixty (60) days after notification will be destroyed and there will be no refund of monies paid.

**UAPD Fee Schedule:**

|                                     |                       |  |                                 |
|-------------------------------------|-----------------------|--|---------------------------------|
| One (1) to five (5) pages           | \$5.00                | One (1) CD video per case                | \$40.00                         |
| Six (6) pages or more               | \$.25/additional page | additional videos associated w/same case | \$10.00 per CD                  |
| Clerical Support Up to \$10.00/hour |                       | (1) CD with photos or audio              | \$10.00/ \$5.00 additional CD's |

**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

|                              |
|------------------------------|
| <i>Property and Evidence</i> |
| <i>BWC / Prepare:</i>        |
| ___ Un-redacted CD           |
| ___ Less-Redacted CD         |
| ___ Redacted CD              |

|   |  |
|---|--|
| <b><i>For use by Records Section Only</i></b> |  |
| -----   |  |
| Route to Department of:                       | _____  |
| Name of Account Number Record:                | _____  |
| Request completed by:                         | _____ Date: _____                                  |
| Amount Paid:                                  | _____ Cash [ ] Check [ ] Other [ ] Receipt # _____ |