



### PUBLIC RECORDS REQUEST FORM

PLEASE RETURN FORM VIA EMAIL, MAIL OR FAX

ANY FEES MUST BE PREPAID THIRTY (30) DAYS AFTER NOTIFICATION TO THE REQUESTOR.  
ITEMS NOT PICKED UP (30) DAYS AFTER NOTIFICATION WILL BE DESTROYED. THERE ARE NO REFUNDS.

<u>Requestor name:</u>	<u>Phone number:</u>	<u>Date:</u>	
<u>Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip code:</u>
<u>Email address:</u>			

**ALL FEES WILL BE PAID UP FRONT AND ARE AS FOLLOWS:**

Copies of reports	\$10.00 for first 30 pages/ \$0.25 each additional page
Copies of photographs	\$25.00 for each set of electronic photos / \$1.00 for each physical photo. If a physical drive is requested, the cost of the drive below will be added
Copies of audio recordings	\$25.00 per item If a physical drive is requested, the cost of the drive below will be added
Copies of video/body worn camera recordings	\$23.00 per half hour of video reviewed Minimum of \$23.00, and fee will be charged in half-hour increments
Physical thumb drive (512GB)	\$45.00 per drive
Clearance letter	\$10.00 per letter

**PLEASE PROVIDE ALL INFORMATION, IF KNOWN, ABOUT REQUESTED RECORDS:**

<u>Case number:</u>	<u>Date &amp; time of incident:</u>
<u>Location of incident:</u>	
<u>Name of person on record:</u>	

<u>Requestor type:</u>		<u>Requesting:</u>	
<input type="checkbox"/> Victim	<input type="checkbox"/> Legal representative	<input type="checkbox"/> Case Report	<input type="checkbox"/> Body Worn Video
<input type="checkbox"/> Witness	<input type="checkbox"/> Media	<input type="checkbox"/> Traffic Accident Report	<input type="checkbox"/> Photos <input type="checkbox"/> Clearance Letter
<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> 9-1-1 Recordings	<input type="checkbox"/> Radio Recordings <input type="checkbox"/> Audio Recordings

Pursuant to A.R.S. § 39-121.01(D)(1), I affirm the public record is requested for the following purpose, as defined by A.R.S. § 39-121.03 (select one):

Commercial  Noncommercial

If commercial is selected, please state the commercial purpose(s) for which this record will be used:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR USE BY UAPD RECORDS ONLY:**

<u>Received:</u> <input type="checkbox"/> In person <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	<u>Date request received:</u>	<u>Date request completed:</u>
<u>Total amount due:</u>	<u>Amount received:</u>	
<u>Payment received by:</u>	<u>Date received:</u>	
<u>Payment method:</u> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit A \$0.05 transaction fee applies to all debit and credit card payments.	<u>Receipt number:</u>	