



POLICE DEPARTMENT

Chief of Police John D. Noland



POLICE RECORDS REQUEST

The information provided on this form will assist the Sahuarita Police Department in providing the public record(s) you are requesting. Under Arizona Law, some information that is not subject to release may be removed from records.

Accepted Methods of Payment: Debit/Credit cards, Money Order, Cash (Exact change only.)

Name of Requestor: _____ Today's Date: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

Note: An email may be required to supply certain digital data.

How were you involved in the incident(s):

Victim Suspect Witness Other: _____

Does the case(s) above involve a juvenile? Yes No Unknown

I certify that I am the Parent or Legal Guardian of one or more of the minor(s) involved.

Child or Children's name(s): _____

Request Purpose:

Commercial Purpose* Legal Media Personal/Non-commercial

**Complete a statement of Commercial Purpose Pricing Computation Worksheet and Statement of Commercial Purpose Below.*

A Commercial Purpose Means that the requestor intends to use the records, directly or indirectly, to receive monetary gain, such as by selling all or parts of the records, or by using the names, addresses, and phone numbers in the records for solicitation.

Statement of Commercial Purpose: _____

You must provide sufficient information to specifically identify records, such as a case number, incident location and/or date of occurrence. Please use the following lines to describe your request.

Community * Safety * Service

Town of Sahuarita | 315 W. Sahuarita Center Way | Sahuarita, AZ 85629 | 520.344.7000 | www.sahuaritaaz.gov

Digital Copy:

Some cases may not be available on the date of request due to further investigation, authorization for release or significant redaction. If your case is delayed for any of the reasons listed, Sahuarita Police Records may provide you with a digital copy sent to your personal email account at no charge.

If you wish to receive a digital copy of your police report, please provide your email address on the other side of this form. If for any reason the digital report cannot be transmitted, we will contact you by phone.

NOTICE:

Emailed reports will be redacted at the highest level regardless of the requestor's involvement. This is to protect any and all juvenile or personal information from being exposed to infected, intercepted, or corrupted email. The email recipient, should check for threats with proper software prior to opening any attachments sent from the spdrecords@sahuaritaaz.gov email account. The Sahuarita Police Department does not accept liability for any damage inflicted by viewing the content of the requested email/report. Unredacted or minimally redacted reports are only available in person or via a U.S. mail request. A .25 cent per page fee is placed on requests made in person and by mail. Victims may receive one free paper copy of their report.

OFFICIAL USE ONLY

Processed by (Name & Badge): _____

Released Authorized By (If Applicable): _____

Information Released: _____

How was the information released: _____

Date of Release: _____

Method of Payment: Cash Credit/Debit Money Order

Receipt #: _____ Cost: \$ _____

Information Released: _____

How was the information released: _____

Date of Release: _____

Method of Payment: Cash Credit/Debit Money Order

Receipt #: _____ Cost: \$ _____