



Payson Police Department

Record Information Request

303 N. BEELINE HWY., PAYSON, AZ 85541 FAX #: (928) 474-4558

Pursuant to A.R.S. §39-121.01, §39-121.02; §39-121.03, I am requesting access to the following described record in the possession of the Payson Police Department. I further agree to pay for all expenses incurred in locating, searching, and copying of the documents as indicated by the Payson Police Department fee schedule.

Allow 10 to 14 working days to process your request.

Date of Request:	
Requesting Party:	
Address:	
Home Telephone:	

- Requesting party will pick up request. **(Payment due at pickup)**
- Please mail request. **(Pre-pay is required).**
- Please e-mail request. **(No charge; max. 20 pgs).** E-mail _____
- Please fax request. **(Pre-pay is required).** Fax # _____

Requested Information:			
Case Number:		Officer:	
Type of Incident:			
Date of Incident:		Or years to search:	
Name of Person Involved:			
Address:			
Birth Date (If known):			

In accordance with A.R.S. §39-121.03, I certify that the record being requested (select1):

- is **NOT** for a commercial purpose; OR
- IS** for a commercial purpose.

Explain Commercial Purpose:

An individual who knowingly falsifies this certificate for a document under these provisions is guilty of a Class 6 felony. Further, any person who obtains a public record for a non-commercial purpose and uses or knowingly uses such public record for a different commercial purpose or who obtains a public record from anyone other than the custodian of such records and uses them for a commercial purpose shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose or actual use been stated at the time of obtaining the records.

Signature: _____

DISCLAIMER- INDEMNIFICATION

Requester understands and agrees that Payson Police Department does not guarantee the accuracy of the data and information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, invalidity, accuracy, or inaccuracy of said data and information. Requester agrees to indemnify Payson Police Department, its officers, and employees from any liability that may arise from the requester's unauthorized use or transmission of any such data or information in its actual or altered form.

For Department Use Only:			
Date:		Report Status:	
Date:		Report Status:	
Date:		Report Released by:	
Date Notification Made:		Note:	
Date Picked Up:			
Date Mailed/Emailed/Faxed:		Receipt Number:	

PRINT and MAIL: to Payson Police Department - Records, 303 N. Beeline Hwy, Payson, AZ 85541 **OR Save As...** to your computer then email to: cwest@paysonaz.gov