

Payson Police Department

Record Information Request

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

Pursuant to Arizona Revised Statute 39-121.01, you must agree to pay for all expenses incurred in locating, searching and copying of documents as indicated by the police department's fee schedule.
Allow 7 to 10 working days to process your request.

| | | | |
|-------------------------|--|-----------------------|--|
| Date of Request | | Date Needed | |
| Requesting Party | | | |
| Address | | | |
| Home Telephone | | Work Telephone | |

- Requesting party will pick up request.
- 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) | | | |

I agree to be responsible for the payment of the cost of the search and reproduction of the documents requested. I acknowledge access and/or receipt of the above mentioned items. I understand that unlawful dissemination of this information may subject me to penalties under the Federal Privacy and Security Regulations as well as the Arizona Revised Statutes as interpreted by the Arizona Courts.

| | |
|------------------|--|
| Signature | |
|------------------|--|

| For Department Use Only | | | |
|-------------------------------|--|-----------------------------------|--|
| Date | | Report Status | |
| Date | | Report Status | |
| Date | | Report Released By | |
| Date Notification Made | | Note | |
| Date Picked Up | | Date Mailed/E-mailed/Faxed | |
| | | Receipt Number | |