



SAFFORD POLICE DEPARTMENT

RECORDS SECTION

525 10TH AVENUE, SAFFORD, AZ 85546
PHONE: 928-432-4100 FAX: 928-348-3189

Name:	Phone:
Address:	State: Zip:
Signature:	Date:
CHECK ONE: <input type="checkbox"/> These reproductions of public record will not be used for a commercial purpose.* <input type="checkbox"/> These reproductions of public record will be used for the following commercial purposes.* _____	
*“Commercial purpose” means the use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from such public records for the purpose of solicitation or for any purpose in which the purchase can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public record. (ARS §39-121.03E)	
Type of Records Requested: <input type="checkbox"/> Report <input type="checkbox"/> Other: _____ <input type="checkbox"/> Letter of Clearance	
Police Report #: _____	
Date & Time Reported to Police: _____	
Time and Location of Incident: _____	
Person on Record: _____ Date of Birth: _____	Nature of Incident: <input type="checkbox"/> Accident <input type="checkbox"/> Criminal Damage <input type="checkbox"/> Assault <input type="checkbox"/> Burglary <input type="checkbox"/> Theft <input type="checkbox"/> Other
DO NOT WRITE BELOW THIS LINE	
Amount Received: \$ _____	Payment received in form of: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other
Employee Receiving Request: _____	
Date: _____	<input type="checkbox"/> Mail <input type="checkbox"/> Will Pick Up Record
<input type="checkbox"/> Enclosed is the record you requested. The record was not edited. <input type="checkbox"/> Per Arizona Supreme Court guidelines, the attached record has been edited due to: <input type="checkbox"/> Ongoing criminal investigation <input type="checkbox"/> Confidentially rights of individuals named within. <input type="checkbox"/> Privacy rights of individuals named. <input type="checkbox"/> The release of investigative techniques or other matters may be detrimental to the best interest of the State. <input type="checkbox"/> No record found based on the information you provided. Your refund of \$_____ is enclosed.	
Initial and ID # _____	
Date Processed: _____	