

Amount Received ____

PUBLIC RECORDS REQUEST FOR POLICE REPORTS

Information on this form will assist the Marana Police Department in providing the public records you are requesting. You must provide sufficient information to specifically identify records, such as case number, incident location, and/or date of occurrence. Under Arizona law, some information not subject to release may be removed from records prior to release.

Name of Requestor:		Date:
	(PLEASE PRINT)	
Address:(STREET)	(CITY, STATE)	(ZIP)
Email:	Phone: ()	
These documents will be used for	the following:	
	· ·	
	§39-121.01). I am aware of the penalties for conver 3). I certify the following statement that sets forth th	
To Obtain Police Reports and/c	or Collisions	
☐ Paper Copies (\$0.50 per pag	ge) 🚨 Electronic Copies	
MPD Case Number:	IT NUMBER)	
		- Balala la alacca
<u>It case nur</u>	nber is unknown, please complete th	<u>le fields below.</u>
Date of Incident:	Location:	
Type of Incident: (Assault, Accident, Criminal Damage,	Names of person(s) involved: Burglary, Etc.)	
Additional Information:		
□Basic Case Report □Traffic Accident Report**	□Photos (\$2.00 per photo) □Audio Recording (\$10.00)	· · · · · · · · · · · · · · · · · · ·
** IF REQUESTING AN UNREDACTED	O COPY OF A TRAFFIC ACCIDENT REPORT	PLEASE COMPLETE THE FOLLOWING
I certify that pursuant to A.R.S § 28-66	7, I am entitled to an unredacted copy of the	traffic accident report because I am:
$f \square$ A person who is involved in the accide	nt, the owner of a vehicle involved, or a represent	ative of the person or owner
☐ An insurer licensed pursuant to A.R.S. Ti	tle 20 and the report is related to an investigation in	nto fraudulent claims
	y or motor vehicle liability policies and that is BOTH an insurer of a person or vehicle involved in the acc	
	r a licensed private investigator representing a persion in any court or government agency or before c	
 An insurance support organization as a antifraud activities, rating or underwriti 	lefined in A.R.S. § 20-2102 that provides services in a	connection with claims investigation activities,
	FOR OFFICIAL USE ONLY	
Completed by	Date	