



Salt River Pima-Maricopa Indian Community
Police Department Records Division
 10,005 East Osborn, Scottsdale, AZ 85256
Phone: (480) 362-6370 **Fax:** (480) 362-5920

POLICE REPORT REQUEST FORM

Your Name: _____ **Phone Number:** _____

Address : _____ **City:** _____ **State:** _____ **Zip:** _____

****I hereby certify under penalty of perjury that the requested records will not be used for commercial purposes as that term is defined under A.R.S. Section 39.121.03. See also Salt River Code of Ordinances Section 6-44.**

Your Signature: _____ **Date:** _____

The following information is required before a records search will be conducted for your information. Please "PRINT" clearly.

1. Name of Person on Record: _____

2. Description of Information Requested:

SRPD Report# (if known): _____ Date of Incident: _____ Time of Incident: _____

If report # is unknown please provide incident type: _____

Location: _____
Address/Cross Streets

Copy of DVD\$10.00

Photographs (CD only)\$5.00

3. Explain reason for information requested (Specific detail): _____

Fee: \$5 for each record of 25 pages or less; over 25 pages, an additional \$0.15 per page
 Cash or checks accepted; NO credit cards.

Make Check Payable to: Salt River Police Department

Mail Request to: Salt River Police Department
 10,005 East Osborn
 Scottsdale, AZ 85256

-FOR DEPARTMENT USE ONLY-

Date Received _____	Processed by: _____	Date Released & Initial: _____
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Your request was DENIED based on the following reasons:

- Report is held by the Maricopa County Attorney's Office.
- Report is held by the Salt River Tribal Prosecutor's Office.
- Report is pending on-going criminal investigation.
- Privacy or confidentiality rights of individuals named within (Juveniles).
- Other _____.