

TUCSON POLICE DEPARTMENT RECORDS REQUEST FORM



520-791-4462 https://www.tucsonaz.gov/Departments/Police The information you provide will assist the Tucson Police Department Records Section in fulfilling

	your re	equest under Arizona Law. Some info	rmation may be protected and	d not releasable.			
Name of Requestor: Date:							
				none Namber.			
Email Address:							
Signature:	hearby certify under penalty (or perjury that the requested record(s) will not be used for commerc	ial purposes as define in ARS 39	 121 03		
	like your records delivered		Pick Up (270 S Stone				
<u>FEES</u>							
CASE/COLLISION	EMAIL COPIES	Digital Copies (including, but no limited to; 911 calls, Radio Traff Photos)	-	Visa Letters	Misc Reports (to include, OPS, Academy, Data Requests)		
\$5.00 per report plus \$0.25 per page after 15 pages	\$5.00 per report up to 15 GB. If above that limit, \$5.00 per every additional 15 GB	\$25 per request up to 15GB or p disc. If above that limit or additio discs are required, a \$25 fee fo every additional metric.	onal \$44 per	\$5.00 for 3 copies of notarized documents.	\$0.25 per page		
 If you need a copy of your <u>Case Report and/or Collision Report</u>, proceed to <u>Section A</u>. If you need a <u>Name Check or Location check</u>, proceed to <u>Section B</u>. If your need a <u>Visa/Arrest/Clearance Letter</u> for employment, visa purposes or citizenship purposes, proceed to <u>Section C</u>. If you need any form of <u>Digital Media</u> from your case such as <u>Photos, Videos, or Audio Recordings</u>, proceed to <u>Section D</u>. 							
SECTION A: CASE/ COLLISION REPORT SECTION B: NAME or LOCATION CHECK- No Charge (Must include date of birth for name check. Must include date range for location check)							
Case Report Number:			Name:				
Date/Time of Incident:							
Location of Incident:			DOB:/				
Type of Incident: Location:							
Name(s) of Persons Involved: Date Range:							
SECTION C: VISA/ ARRE	ST/ CLEARANCE LETTER	(Three copies will be provided)					
Name:			D	ate of Birth:			
	ames:						
Former/Maiden/Alias Names: Social Security Number: Driver's License Number: State:					te:		
	ter Notarized: YES						
Provisions of your Social So	ecurity Number is to ensure	e accuracy in checking your criminal vernment issued photo ID <u>MUST</u> be		ay choose not to provide this i	information, however, that may		
SECTION D: DIGITAL M	EDIA						
Case Number: Date and Time of Incident:							
Location of Incident:	cation of Incident: Type of Incident:						
BWC Video:	Photos: N	AVR Video: 911 Au	dio: Interviev	Recording: Sur	veillance Video:		
		TPD RECOR	DS USE ONLY				

Total Cost: \$	Processed by (Intials and PR)	Date:
Information Released:		