GILBERT POLICE DEPARTMENT Police Records Request

75 East Civic Center Drive
Gilbert, Arizona 85296
480-635-7020

Please Note: Information may be redacted or withheld in accordance with law or policy
Filled requests will be held for two weeks after notification

1) Requestors Name: _____ Phone/Message: _____

Requestors Address: _____ City: _____St: _____ Zip: _____

2) **I hereby certify under penalty of perjury that the requested records will <u>not</u> be used for commercial purposes as defined by ARS § 39-121.03**

Requestors Signature: _____ Date:_____

Email _____

I authorize _____ to pick this up on my behalf

3) Check box: ☐ Mail Record ☐ Pick up ☐ Email

Type of Incident: _____

Reason for Request: _____

_____

4) ☐ **Public** ☐ **Law Enforcement Purposes**

5) Request type: ☐ Report ☐ Name Search

☐ Local Criminal History Report ☐ Premise History

☐ BWC ☐ Property ☐ 911 ☐ Other _____

_____

6) ☐ **Report Number unknown**

Police Report Number: _____ Date/Time Reported to Police:_____

Address/Location of Incident: _____

7) Person on Record: _____ AKA: _____

8) Date of Birth: _____

Social Security #: Optional _____

9) ID/Driver's License # (For LCHR): _____

ID/DL Expiration Date: _____

10) Premise History Request Dates From: _____ To: _____

Address: _____

REQUESTOR, DO NOT WRITE BELOW THIS LINE

Routing to: _____

Date: _____

Employee: _____

For: _____

Notes: