



GILBERT POLICE DEPARTMENT

Police Records Request

Public Records Request:		Date of Request: _____	
<input type="checkbox"/> Police Report Number: _____	Type of Incident: _____		
<input type="checkbox"/> Photographs/Video/Audio – Description: _____			
<input type="checkbox"/> Letter of Clearance	<input type="checkbox"/> Other: _____		
Your Name:		Home Phone #:	
		Business Phone #:	
Address:	City:	State:	Zip:
I hereby certify under penalty of perjury that the requested records will <u>not</u> be used for commercial purposes as defined by A.R.S. §39-121.03.			
Your Signature: _____		Date: _____	
<u>The following information is required before a records search will be conducted.</u>			
<u>PLEASE PRINT CLEARLY</u>			
Please explain your reason for this request: _____			
Date and Time Reported to Police: _____			
Location of Incident: _____			
Person on Record (Full Name): _____			
Date of Birth: _____		Social Security #: _____	
REQUESTOR, DO NOT WRITE BELOW THIS LINE			
Receipt number: _____			
Amount Received \$	Payment received in form of: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Victim <input type="checkbox"/> Other		
Initials & ID # of employee receiving request: _____		Initials & ID # of employee processing request: _____	
Date: _____	<input type="checkbox"/> Mail Record	<input type="checkbox"/> Will Pick-Up	
<input type="checkbox"/> Enclosed is the Letter of Clearance you requested.			
<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"/> Privacy right of the individual(s) named.		<input type="checkbox"/> Confidentiality rights of individual(s) 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.			
<input type="checkbox"/> This incident occurred out of Gilbert Police jurisdiction. Contact: _____			
<input type="checkbox"/> Other: _____			
Initials & I.D. # of Records Clerk Releasing: _____			
Date Released: _____	<input type="checkbox"/> Mailed Record Request	<input type="checkbox"/> Placed at pick-up window	