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

Requestors Name: _____ Phone Number: _____

Requestors Address: _____ City: _____ St: _____ Zip: _____

I hereby certify under penalty of perjury that the requested records will not be used for commercial purposes as defined by ARS 39-121.03

Requestors Signature: _____ Date: _____

I authorize _____ to pick this up on my behalf

Check one box only: ☐ Mail Record ☐ Will Pick up

Type of Incident: _____

Reason for Request: _____

Request type: ☐ Report ☐ Accident ☐ Name Search

☐ Letter Of Clearance ☐ Premise History

☐ Audio ☐ Video ☐ Other _____

_____

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

Address/Location of Incident: _____

Person on Record: _____ AKA: _____

Date of Birth: _____

Social Security #: _____

ID/Driverôs License # (For LOC): _____

ID/DL Expiration Date: _____

Premise History Request Dates From: _____ To: _____

Address: _____

REQUESTOR, DO NOT WRITE BELOW THIS LINE

Received by: _____

Date Received: _____

Processed by: _____

Date Processed: _____

Notification by: _____

Date: _____ DD: _____

Amount Received: $_____

Receipt Number: _____

Payment received in form of: ☐ **Cash** ☐ **Check** ☐ **Card** _____

Victim ☐ 1st copy No Charge

Auth. # _____

_____OF_____ **Notes:**

☐ Enclosed is the item requested

☐ No records found based on the information provided

☐ This incident occurred out of Gilbert Police jurisdiction

☐ Other:

Routing to: _____

Date: _____

Employee: _____

For: _____

Items Released:

Initials and PSN of Records Clerk Releasing:

Date Released: _____ ☐ Mailed Record Request ☐ Placed at Pick-up Window