



RECORDS RELEASE REQUEST

MARICOPA COUNTY SHERIFF'S OFFICE
111 S. 3rd Ave, 3rd Floor, Phoenix, Arizona 85003
ATTN: Custodian of Records



Under the provision of A.R.S. 39-121, Public Records Law, it is requested that the Maricopa County Sheriff's Office release the below indicated Departmental Report and/or Record.

If you are the victim of a **crime** per A.R.S. 39-127, the Maricopa County Sheriff's Office will provide one free copy of the report to you or your immediate family. For the purpose of this release, immediate family is defined as: spouse, parent, child or legal guardian. Your request may be denied if it is determined you are not the victim as identified in the report, or are not an immediate family member as defined above. Additionally, your request may be denied if the report is not complete or if it is determined that its release may hinder prosecution.

The fee for all Reports are \$5.00 for the first 10 pages and \$.50 per page thereafter. Photo CD's and 9-1-1 tapes are \$15.00 each.

(* Indicates required field. Please fill out form completely prior to contacting the Reports Section.

*Report Number (DR#): _____ *Date of Request: _____

*Requesting Persons Name: _____

Agency/Firm: _____

*Address, City, State, ZIP: _____

*Telephone: _____

*Is the Report for Commercial Use? Yes No

(If the Report will be used for a commercial purpose, describe on the reverse side of this form the commercial use intended. Commercial use is described as if you intend to obtain the report for sale or resale and/or to make a profit per ARS 39-121.03.)

I understand that the information contained in these documents may be unsubstantiated and incomplete. They are likely to contain information which may be deemed sensitive or embarrassing to and have emotional impacts on the principles. Photo CD's may contain graphic images. I agree to hold Maricopa County, its agents and employees, harmless from any claim, causes of action, or other liability that may arise as a result of furnishing these documents to me or as a result of my use or misuse of information contained therein.

*Signature: _____

-----DO NOT WRITE IN THIS SPACE (FOR AGENCY USE ONLY) -----		
Type of Report:	Criminal <input type="checkbox"/>	Traffic Accident <input type="checkbox"/> Other <input type="checkbox"/>
Released by:	Date: _____	
Edited Version Released/ Reason: Social Security Numbers and other agency reports are routinely deleted. Per A.R.S. 13-4434, all victim contact and identifying information has been redacted.		
Other Redacted Information: _____		
Denied for Release/Reason: _____		
Fee Charged:	Pages Received:	Revised 08/11