



Maricopa County Sheriff's Office

Public Records Request
Departmental Reports Section
111 S. 3rd Avenue, 3rd Floor
Phoenix, Arizona 85003



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

ARS 39-127 allows the victim, the victim's attorney, or a family member of the victim if the victim is killed or incapacitated of a criminal offense to obtain one copy of an incident report at no charge in which the victim is listed.

ARS 8-382.20 and 13-4401.19 defines "Victim" as a person against whom the criminal offense has been committed, including a minor, or if the person is killed or incapacitated, the person's spouse, parent, child, grandparent or sibling, any other person related to the person by consanguinity or affinity to the second degree or any other lawful representative of the person, except if that person is in custody for an offense or is the accused.

Your request may be delayed if the report is not complete or if it is determined that its release may hinder prosecution. Your request will be denied if the report is not authored by the Maricopa County Sheriff's Office.

The fee for all reports is \$5.00 for the first ten (10) pages and \$0.50 for each additional page.

Your Information:

Date of Request (Today): _____

Name: _____

Law Firm/Insurance Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail: _____

Report Information: (NOTE: Not all Calls for Service require an Incident Report; therefore, you may only have an MC#)

Requests for 911 tapes, photos/videos, body-worn camera footage, or other media must be made through the Public Records and Request Management Section located at the Maricopa County Sheriff's Office Headquarters.

Type of Report: _____ Relation to Report: _____

IR#: _____ MC# (not required if IR# provided): _____

Date of Incident: _____ If exact date is unknown, date range: _____ to _____

Address: _____

City: _____ State: _____ ZIP: _____

If the address is unknown, cross streets (include Direction [N, E, S, W, NW, NE, SW, SE, etc.] and suffix [Ln, Ave, St, Pl, Blvd, etc]):

If the accused was arrested and booked into a Maricopa County jail facility, please provide the booking number, if known:

Booking #: _____

Additional Persons Involved:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Is the report for Commercial Use (ARS 39-121.03) Yes No If yes, describe: _____

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. 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: _____

Received Date: _____ Received By: _____ Released Date: _____ Released By: _____ Receipt #: _____