



# Request for Police Records

Phone 480-350-8598  
pd\_recordsrequests@tempe.gov

Tempe Police Department  
120 East 5<sup>th</sup> Street, Tempe, Arizona 85281

### Instructions:

1. Complete this form and include as much information as possible. (Incomplete forms may delay your request)
2. Requests for police records can be made by mail, email, phone, or in person.
3. See [fee schedule](#) for complete list of available Records and their associated copying fees. Cash, money order or verifiable check accepted. Visa and MC accepted in person.

REQUESTOR'S INFORMATION (please print legibly)			
Last Name:		First Name:	
Business Name (If Applicable):			
Street Address:			Apt. #:
City:	State:	Zip:	
Home Phone:		Cell Phone:	

PURPOSE OF REQUEST	
<input type="checkbox"/> Will <b>not</b> be used for a commercial purpose. You are hereby notified that conversion to commercial use is subject to civil penalties pursuant to A.R.S. §39-121.03.  <input type="checkbox"/> Will be used for the following commercial purpose: _____	<input type="checkbox"/> <b>Vehicle Collision Report Certification (Unredacted)</b> <i>"I certify I am an involved party, vehicle owner, or insurance company, attorney or private investigator representing an involved party or owner for the requested accident report."</i>  If the above statement is true, check the box and indicate your involvement: _____

ITEMS FOR REQUEST, WHEN AVAILABLE		
DOCUMENTS	911 / DISPATCH	AUDIO / IMAGES / VIDEO
# _____ <input type="checkbox"/> Police Report / Accident Report <input type="checkbox"/> Arrest / Citation Report <input type="checkbox"/> Field Documentation / Call for Service (SC) <input type="checkbox"/> Other _____	# _____ or <b>Phone Number that dialed 911</b> (_____) _____ <input type="checkbox"/> 911/Non-emergency call audio <input type="checkbox"/> 911 Transcript <input type="checkbox"/> Radio Traffic Audio	# _____ <input type="checkbox"/> Photographs (Disk) <input type="checkbox"/> Booking Photo (Printout) <input type="checkbox"/> Recorded Interview (Disk) <input type="checkbox"/> Videos (Redacted)
<input type="checkbox"/> Local Name Search – List Provided Only Name: _____ Date of Birth: _____		<input type="checkbox"/> Address History Search – List Provided Only Address: _____ Date Range: _____

RECEIVING REQUEST		
<input type="checkbox"/> Mail request	<input type="checkbox"/> I will pick-up request (Call 480-350-8598 to verify copy is ready)	<input type="checkbox"/> Certified (Documents Only)
<input type="checkbox"/> Email request (Documents Only / Print Legibly): _____		<input type="checkbox"/> Digital Portal (Body Worn Camera only)

POLICE DEPARTMENT USE ONLY			
Received by:	Date:	Processed by:	Date:
	Receipt #:		Victim: <input type="checkbox"/> Yes <input type="checkbox"/> No