



**BUCKEYE POLICE DEPARTMENT**  
 100 N. APACHE RD, STE D  
 BUCKEYE, AZ 85326  
 623-349-6400

(For Official Use Only)

## PUBLIC RECORDS REQUEST

Under the provisions of A.R.S. 39-121, Public Records Law, it is requested that the following record be released.

**Instructions:**

- 1) Complete this form, providing as much information as possible. Failure to do so may delay processing.
- 2) If the report is not available at the time of your request, it will be mailed to you when it becomes available.

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Report Number: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

**Names of Involved Parties:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_\_

Type of Incident: \_\_\_\_\_ Reason for Request: \_\_\_\_\_

*I hereby certify that the requested records will not be used for a commercial purpose. I further agree to hold the City of Buckeye, 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 these documents.*

**Please provide the following information:**

Requester's Name (Printed): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pick-up \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

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DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CLERK# \_\_\_\_ AMT PAID \_\_\_\_ CASE \_\_\_\_\_