



CLARKDALE POLICE DEPARTMENT  
PO BOX 308 / 49 N. NINTH ST.  
CLARKDALE AZ 86324  
928-649-7700, FAX 928-649-7709  
Police@clarkdale.az.gov

## REQUEST FOR POLICE REPORT

TODAY'S DATE \_\_\_\_\_ REPORT NUMBER (IF KNOWN) \_\_\_\_\_

### NAME OF PERSON MAKING REQUEST (PLEASE PRINT):

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF PERSON INVOLVED \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_

TYPE OF INCIDENT \_\_\_\_\_

This is a request to obtain a copy of the report.      This is a request to inspect the report.

Are you a victim of this crime?      YES       NO

Is this request for law enforcement/government purposes?      YES      NO

This request is for non-commercial purposes.      This request is for commercial purposes.

**SIGNATURE** \_\_\_\_\_

Please allow at least three (3) days for report requests to be fulfilled.

Reports are \$5 for the first 20 pages and \$5 for each set of up to 20 pages thereafter. Payable by cash, check or money order.

ADDITIONAL REQUESTS/COMMENTS \_\_\_\_\_

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### FOR OFFICE USE ONLY

Request made via:      In person      \_\_\_\_\_      Date received \_\_\_\_\_  
                                 Phone      \_\_\_\_\_      Date processed \_\_\_\_\_  
                                 Email      \_\_\_\_\_      How report was delivered \_\_\_\_\_  
                                 Mail      \_\_\_\_\_