



# Request for Police Records

Chandler Police Department  
 250 E. Chicago St. – Chandler, AZ 85225  
 Phone 480-782-4001  
 www.chandlerpd.com

Information on this form will assist the Chandler Police Department to provide the public records you are requesting. Under Arizona law, some information not subject to release may be removed or redacted from records prior to release.

## Requestor's Information (Please Print Legibly)

First Name		Middle Name		Last Name	
Home Address			City	State	ZIP:
Primary Phone #:			Secondary Phone #:		
Email Address:			Your relationship to the report (i.e. victim, suspect, driver, involved)		
<b>*Signature</b>			Date:		

\*Under the provisions of ARS 39-121, the Public Records Law, I request the Chandler Police Department provide a copy of the listed report/record to me. This report/record copy will be used solely for non-commercial purposes.

## Items Available for Request (Subject to Availability)

**Report Number:**

If you do not have the Report Number, please provide all the information known, such as Name, DOB, Location and or Date and Time of Event to identify and locate the report:

<input type="checkbox"/>	\$ 5.00 - Copy of Report (Plus \$0.15 per page after 35 pages)
<input type="checkbox"/>	\$ 0.00 - Copy of Report for Victims - No Charge
<input type="checkbox"/>	\$ 5.00 - Photographs
<input type="checkbox"/>	\$ 10.00 - 911 Recording
<input type="checkbox"/>	\$ 10.00 - Audio Recording
<input type="checkbox"/>	\$ 10.00 - Photo Red Light Request
<input type="checkbox"/>	\$ 25.00 - Video Recording

**Report Delivery Options:**    Mail -     Call for Pick Up -     E-Mail -

Unclaimed copies will be destroyed 60 days after completion

## Records Use Only

Date Received: _____	Processed by: _____	Notification: _____
Receipt #: _____	Date Processed: _____	Date Notified: _____
Amount Received: _____	Time Processed: _____	Time Notified: _____
Employee #: _____		