

CITY OF MESA, ARIZONA POLICE DEPARTMENT
Records Bureau, PO Box 1466, Mesa, AZ 85211-1466

PUBLIC RECORDS REQUEST

YOUR NAME:	Home Phone #:
	Business Phone #:

ADDRESS:	City:	State:	Zip:
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**I hereby certify under penalty of perjury that the requested records
will not be used for commercial purpose as defined in ARS 39.121.03**

Your signature: _____	Date: _____
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The following information is required before a records search will be conducted for your information.

PLEASE "PRINT" CLEARLY

Purpose of Request: <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Insurance Claim <input type="checkbox"/> Other: Please explain your reason for this request _____ _____

Type of Report : <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Crime Type: _____ <input type="checkbox"/> Mesa Adult Arrest Record Search
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Police Report Number: _____

Date & Time Reported to Police: _____

Exact Date, Time, Location of Incident: _____

Person on Record: _____ Date of Birth: _____ Social Security #: _____	Nature of Incident: <input type="checkbox"/> Accident <input type="checkbox"/> Accident with Injury <input type="checkbox"/> Assault <input type="checkbox"/> Auto Theft <input type="checkbox"/> Bicycle Theft <input type="checkbox"/> Burglary <input type="checkbox"/> Theft <input type="checkbox"/> Recovery <input type="checkbox"/> Other: _____
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REQUESTER, DO NOT WRITE BELOW THIS LINE

Amount Received \$ _____ Payment received in form of: Cash _____ Check _____ Other _____
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Initials & I.D. # of employee receiving request: _____
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Date: _____ Mail Record _____ Will Pick-Up _____
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<input type="checkbox"/> Enclosed is the Mesa Adult Arrest Record you requested. <input type="checkbox"/> Enclosed is the record you requested. The record was not edited. <input type="checkbox"/> Per Arizona Supreme Court guidelines, the attached record has been edited due to: <div style="display: flex; justify-content: space-between; margin-left: 40px;"> <div style="width: 45%;"> <input type="checkbox"/> Ongoing criminal investigation. <input type="checkbox"/> Privacy right of individuals named. </div> <div style="width: 45%;"> <input type="checkbox"/> Confidentiality rights of individuals named within. <input type="checkbox"/> The release of investigative techniques or other matters may be detrimental to the best interest of the State. </div> </div> <input type="checkbox"/> No record found based on the information you provided. Your refund of \$ _____ is enclosed. <input type="checkbox"/> This incident occurred out of Mesa Police jurisdiction. Contact _____ <input type="checkbox"/> Other _____

Initials & I.D. # of Records Tech Processing: _____

Date Processed: _____	Mailed Record Request _____ Placed at pick-up window _____
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Records Shift Supervisor: _____
