CITY OF MESA, ARIZONA POLICE DEPARTMENT
Records Bureau, 130 N. Robson, Mesa, AZ 85201-6697

PUBLIC RECORDS REQUEST

YOUR NAME:	Home Phone #: Business Phone #:		
ADDRESS:	City:	State:	Zip:

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: _____

The following information is required before a records search will be conducted for your information.

PLEASE "PRINT" CLEARLY

Purpose of Request: ( ) Victim ( ) Witness ( ) Insurance Claim

( ) Other: Please explain your reason for this request _____

_____

Type of Report : ( ) Traffic Accident ( ) Crime Type: _____ ( ) Mesa Adult Arrest Record Search

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: ( ) Accident ( ) Accident with Injury

( ) Assault ( ) Auto Theft ( ) Bicycle Theft ( ) Burglary

( ) Theft ( ) Recovery ( ) Other: _____

REQUESTER, DO NOT WRITE BELOW THIS LINE

Amount Received $ _____ Payment received in form of: Cash _____ Check _____ Other _____

Initials & I.D. # of employee receiving request:

Date: Mail Record _____ Will Pick-Up _____

( ) Enclosed is the Mesa Adult Arrest Record Search you requested.
( ) Enclosed is the record you requested. The record was not edited.
( ) Per Arizona Supreme Court guidelines, the attached record has been edited due to:

( ) Ongoing criminal investigation.
( ) Privacy right of individuals named.
( ) Confidentiality rights of individuals named within.
( ) The release of investigative techniques or other matters may be detrimental to the best interest of the State.

( ) No record found based on the information you provided. Your refund of $ _____ is enclosed.
( ) This incident occurred out of Mesa Police jurisdiction. Contact _____
( ) Other _____

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

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

Records Shift Supervisor:

White – MPD File Copy Yellow – Customer Processed Copy Pink – Accounting Copy Blue – Customer Paid Receipt

MPD 007 Revision Date: 01/08