



**BUCKEYE POLICE DEPARTMENT**

100 North Apache Road, Suite D  
Buckeye, Arizona 85326  
623-349-6400 • 623-349-6502-FAX  
[bpdrecords@buckeyeaz.gov](mailto:bpdrecords@buckeyeaz.gov)

**ABOVE 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 records be released.

**LOBBY HOURS:** are Monday through Thursday from 8:00 a.m. to 5:30 p.m., excluding holidays.  
**FEES:** Reports are \$5.00 for the first 20 pages and 50 cents per page after that. CD's are \$10.00 each. DVD's are \$15.00 each. Color photographs are \$1.00 per page. No change is made and no coins are accepted, other than 2 quarters for reports that have a cost ending in 50 cents. We accept CASH or money orders ONLY. We do not accept credit cards, debit cards or personal checks. It can take up to 10 business days to process this request (upon approval from a supervisor for the release).

**INSTRUCTIONS:**

- 1. Complete this form, **printing neatly** and 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, you will be called and advised when the report will be ready and the cost.

Date of Incident: \_\_\_\_\_ Report number (9 digits): \_\_\_\_\_

Location (address) of the Incident: \_\_\_\_\_

**NAMES OF INVOLVED PARTIES:**

Last Name: \_\_\_\_\_, First: \_\_\_\_\_, Middle: \_\_\_\_\_, DOB: \_\_\_\_\_

Last Name: \_\_\_\_\_, First: \_\_\_\_\_, Middle: \_\_\_\_\_, DOB: \_\_\_\_\_

Nature of Incident: \_\_\_\_\_, Reason for Request: \_\_\_\_\_

I hereby certify that the requested will not be used for commercial purposes. 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 Full Name: \_\_\_\_\_, DOB: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(include street number, street name, city, state, and zip code)

Telephone number: \_\_\_\_\_, Cellular telephone: \_\_\_\_\_

Requester's signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Pick-up \_\_\_\_\_, Mail \_\_\_\_\_, Fax \_\_\_\_\_ (number) \_\_\_\_\_, E-mail: \_\_\_\_\_

**(FOR USE OF BUCKEYE POLICE DEPARTMENT EMPLOYEES)**

DATE \_\_\_\_\_, CLERK \_\_\_\_\_, AMOUNT PAID \$ \_\_\_\_\_, RECEIPT # \_\_\_\_\_