



BUCKEYE POLICE DEPARTMENT

21699 W. Yuma Rd, Suite 104
Buckeye, Arizona 85326
623-349-6401-Records, 623-349-6007-FAX
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 at 21699 W. Yuma Rd., Suite 104: Monday through Thursday from 8:00 a.m. to 5:00 p.m., excluding holidays.

It can take up to 10 business days to process this request (upon approval from a supervisor for the release).

FEES:

Reports (including crash reports): \$5.00 (up to 10 pages); \$10.00 (11-20 pages); \$15.00 (21+ pages); \$.20/each additional page.

Electronic Media Fees (Minimum Charge + per minute rate):

- 911 CDs are \$10.00 (Minimum) – includes first hour for processing/redaction; \$.35/each additional minute required.
- Photos on CD are \$20.00 (Minimum) – includes first 20 photos; \$3.35/each additional photo
- Video are \$25.00 (Minimum) per DVD – includes first hour of redaction time; \$.67/each additional minute required.

We accept Credit/Debit Cards, Money Orders, Business Checks ONLY (No Cash).

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: _____

List items you are requesting: _____

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 BY BUCKEYE POLICE DEPARTMENT EMPLOYEES ONLY)

Date: _____ Clerk: _____ Amount Paid: _____ Receipt # STS _____