



# Request for Police Records

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

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.

<b>Requestor's Information</b> (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.

<b>Items Available for Request</b> (Subject to Availability)	
<b>Report Number:</b>	
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 50 pages)
<input type="checkbox"/>	\$ 0.00 - Copy of Report for Victims - No Charge
<input type="checkbox"/>	\$ 5.00 – CAD Report
<input type="checkbox"/>	\$ 5.00 - Photographs
<input type="checkbox"/>	\$ 10.00 - 911 Recording
<input type="checkbox"/>	\$ 46.00 - Per Video Hour Reviewed

<b>Report Delivery Options:</b> Mail - <input type="checkbox"/> Call for Pick Up - <input type="checkbox"/> E-Mail - <input type="checkbox"/>
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 #: _____		