



REQUEST FOR OFFICAL POLICE REPORT

Clifton Police Department P.O. Box 1415 ◊ 520 N. Coronado Blvd. Clifton, AZ 85533

Administration hours: Monday - Friday 8:00 am - 4:00pm (Closed on City Holidays)

Instructions:

1. Complete this form, 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 notified when it becomes available.

➤ **What are you requesting? (Please check appropriate box)**

<input type="checkbox"/> Police Report \$5.00 FEE up to 5 pages, \$10.00 5-10 pages, \$15.00 10-15 pages, (ask for cost if over 15 pages) Report Number: _____ OR Type of Incident: <input type="checkbox"/> Assault <input type="checkbox"/> Burglary <input type="checkbox"/> Domestic Violence <input type="checkbox"/> DUI <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Information <input type="checkbox"/> Other: _____ Date & Time of Incident: _____ Names of Involved Parties: <table style="width:100%; border: none;"> <tr> <td style="border: none;">Last</td> <td style="border: none;">First</td> <td style="border: none;">DOB</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Last</td> <td style="border: none;">First</td> <td style="border: none;">DOB</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	Last	First	DOB	_____	_____	_____	Last	First	DOB	_____	_____	_____	<input type="checkbox"/> Photo CD \$5.00 FEE per disc (When Available for requested police report) <input type="checkbox"/> Record of Search \$10.00 FEE This is an official document listing any history of contact with the Clifton Police Department on <i>yourself</i> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Last Name</td> <td style="border: none;">First Name</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Social Security Number</td> <td style="border: none;">Date of Birth</td> </tr> <tr> <td style="border: none;">_____ - _____ - _____</td> <td style="border: none;">____/____/____</td> </tr> </table>	Last Name	First Name	_____	_____	Social Security Number	Date of Birth	_____ - _____ - _____	____/____/____
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Last Name	First Name																				
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Social Security Number	Date of Birth																				
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<div style="text-align: center; color: red; font-weight: bold; margin-bottom: 10px;">➤ Requesting Party Information:</div> Name _____ Address _____ City/State/Zip _____ Phone Number _____ I hereby certify that the requested records will not be used for a commercial purpose. If an Accident report, I further certify that I am involved party, vehicle owner, or insurance company attorney or private investigator representing an involved party or owner for the requested report. Signature _____ Date _____	<input type="checkbox"/> Call For Service Record \$2.00 FEE per Record Name of Involved Person <table style="width:100%; border: none;"> <tr> <td style="border: none;">Last</td> <td style="border: none;">First</td> <td style="border: none;">M.I.</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table> Event Location & Date _____ <input type="checkbox"/> Other Police Media \$10.00 Fee per Disc. (When Available for requested police report) Any digital media that is available with the report, all recordings are at officer discretion and may not be available for the report you are requesting. FOR RECORDS USE ONLY: Date Received: _____ By: _____ Fee Received: <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Date Processed: _____ Date Released: _____ <input type="checkbox"/> In Person <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed Reason For Redaction: <input type="checkbox"/> Confidentiality <input type="checkbox"/> Privacy <input type="checkbox"/> Juvenile information	Last	First	M.I.	_____	_____	_____														
Last	First	M.I.																			
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