TUCSON POLICE DEPARTMENT RECORDS REQUEST FORM

520-791-4462 https://www.tucsonaz.gov/Departments/Police

The information you provide will assist the Tucson Police Department Records Section in fulfilling your request under Arizona Law. Some information may be protected and not releasable.

Name of Requestor: James Voss Date: 6/1/2026

Address: [redacted] Phone Number [redacted]

Email Address: [redacted]

Signature: [redacted]

I hereby certify under penalty of perjury that the requested record(s) will not be used for commercial purposes as define in ARS 39.121.03

How would you like your records delivered to you: ✓ Email _____ Pick Up (270 S Stone) _____ U.S. MAIL

FEES

CASE/COLLISION	EMAIL COPIES	Digital Copies (including, but not limited to; 911 calls, Radio Traffic, Photos)	Video (BWC, Surveillance, etc.)	Visa Letters	Misc Reports (to include, OPS, Academy, Data Requests)
$5.00 per report plus $0.25 per page after 15 pages	$5.00 per report up to 15 GB. If above that limit, $5.00 per every additional 15 GB	$25 per request up to 8GB or per thumb drive. If above that limit or additional thumb drives are required, a $25 fee for every additional metric.	$44 per hour reviewed	$5.00 for 3 copies of notarized documents.	$0.25 per page

PLEASE READ AND SELECT THE CORRECT SECTION

- If you need a copy of your **Case Report and/or Collision Report**, proceed to **Section A**.
- If you need a **Name Check or Location check**, proceed to **Section B**.
- If your need a **Visa/Arrest/Clearance Letter** for employment, visa purposes or citizenship purposes, proceed to **Section C**.
- If you need any form of **Digital Media** from your case such as **Photos, Videos, or Audio Recordings**, proceed to **Section D**.

SECTION A: CASE/ COLLISION REPORT

Case Report Number: OPS 16-0642

Date/Time of Incident: Investigative

Location of Incident: Summary

Type of Incident: _____

Name(s) of Persons Involved: _____

SECTION B: NAME or LOCATION CHECK- No Charge *(Must include date of birth for name check. Must include date range for location check)*

Name: _____

DOB: _____/_____/_____

Location: _____

Date Range: _____

SECTION C: VISA/ ARREST/ CLEARANCE LETTER (Three copies will be provided)

Name: _____ Date of Birth: _____

Former/Maiden/Alias Names: _____

Social Security Number: _____ Driver's License Number: _____ State: _____

Would you like your Letter Notarized: YES_____ NO_____

Provisions of your Social Security Number is to ensure accuracy in checking your criminal history information. You may choose not to provide this information, however, that may hinder the ability to provide accurate information. ***Government issued photo ID MUST be provided with request.***

SECTION D: DIGITAL MEDIA

Case Number: _____ Date and Time of Incident: _____

Location of Incident: _____ Type of Incident: _____

BWC Video:_____ Photos:_____ MVR Video:_____ 911 Audio:_____ Interview Recording:_____ Surveillance Video:_____

TPD RECORDS USE ONLY

Total Cost: $_____ Processed by (Intials and PR)_____ Date:_____

Information Released: _____