

REQUEST FOR POLICE REPORT

CLARKDALE POLICE DEPARTMENT

PO BOX 308 / 49 N NINTH ST

CLARKDALE AZ 86324

Voice 928-649-7700, FAX 928-649-7709

Report # _____ Date: _____

Name of person making request (PLEASE PRINT):

First: _____ Last: _____

Address: _____

Phone: _____

Type of Incident: _____

Name of person involved: _____

Date of Incident: _____

This is a request to inspect the report.

This is a request to obtain a copy of the report.

Are you a victim of this crime? Yes No

Is this request for law enforcement/government purposes? Yes No

Is this request for non-commercial purposes? For commercial purposes?

Signature: _____

FOR OFFICE USE ONLY

Request made via: in person _____
mail _____
e-mail _____
fax _____

Date received: _____

Date processed: _____

How report was delivered:
