



RECORDS RELEASE REQUEST

MARICOPA COUNTY SHERIFF'S OFFICE
111 S. 3rd Ave, 3rd Floor, Phoenix, Arizona 85003
ATTN: Custodian of Records



Under the provision of A.R.S. 39-121, Public Records Law, it is requested that the Maricopa County Sheriff's Office release the below indicated Departmental Report and/or Record.

If you are the victim of a **crime** per A.R.S. 39-127, the Maricopa County Sheriff's Office will provide one free copy of the report to you or your immediate family. For the purpose of this release, immediate family is defined as: spouse, parent, child or legal guardian. Your request may be denied if it is determined you are not the victim as identified in the report, or are not an immediate family member as defined above. Additionally, your request may be denied if the report is not complete or if it is determined that its release may hinder prosecution.

The fee for all Incident Reports are \$5.00 for the first 10 pages and \$.50 per page thereafter. All other requests must be made through the Legal Liaison Section located at the Maricopa County Sheriff's Office Headquarters.

(*) Indicates required field. Please fill out form completely prior to contacting the Reports Section.

*Report Number (IR or MC#): _____ *Date of Request: _____

*Requesting Persons Name: _____

Agency/Firm: _____

*Address, City, State, ZIP: _____

*Telephone: _____

*Is the Report for Commercial Use? Yes No

(If the Report will be used for a commercial purpose, describe on the reverse side of this form the commercial use intended. Commercial use is described as if you intend to obtain the report for sale or resale and/or to make a profit per ARS 39-121.03.)

I understand that the information contained in these documents may be unsubstantiated and incomplete. They are likely to contain information which may be deemed sensitive or embarrassing to and have emotional impacts on the principles. Photo CD's may contain graphic images. I agree to hold Maricopa County, 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 information contained therein.

*Signature: _____

-----DO NOT WRITE IN THIS SPACE (FOR AGENCY USE ONLY) -----	
Type of Report: Criminal <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Other <input type="checkbox"/> _____	
Released by: _____ Date: _____	
Edited Version Released/ Reason: Social Security Numbers and other agency reports are routinely deleted. Per A.R.S. 13-4434, all victim contact and identifying information has been redacted.	
Other Redacted Information: _____	
Denied for Release/Reason: _____	
Fee Charged: _____	Pages Received: _____
Revised 08/11	

Maricopa County Sheriff's Office

Name & Address Check

*****Please Print*****

Information requested below is needed only if the report number is not known.

Name check

Last Name	First Name	Middle Name	Date of Birth
-----------	------------	-------------	---------------

Booking # _____

Name checks are for Maricopa County Sheriff's Office only. There are 23 individual local law enforcement agencies within Maricopa County – each agency maintains their own name database.

Address (Please include full address)

Address #	Direction	Street Name	Street Type	Apt/Unit/Suite	City, State ZIP
-----------	-----------	-------------	-------------	----------------	-----------------

Date Range:	Starting Date	Ending Date
-------------	---------------	-------------

Address check are for locations within Maricopa County that are not the jurisdiction of a local law enforcement agency, e.g. County Islands, contract agencies: e.g. Fountain Hills, New River, Tonopah. Maricopa County Computer Aided Dispatch system may, or may not, delineate apartment numbers, lot numbers, suite numbers, etc.