



SHOW LOW POLICE DEPARTMENT



REPORT REQUEST

REQUESTOR INFORMATION

REQUEST DATE: _____

REPORT NUMBER: _____ VICTIM/SUSPECT/DRIVER NAME: _____

REQUESTOR NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ REQ REPORT THROUGH ENCRYPTED EMAIL ☐

COMMENTS: _____

REQUESTOR CONNECTION TO THE REPORT

☐ ATTORNEY	☐ VICTIM	☐ WITNESS	☐ DRIVER/PASSENGER
☐ SUSPECT	☐ PI /LICENSE# _____	☐ OTHER: _____	

ADDITIONAL ITEMS REQUESTED

☐ ADDITIONAL CASE DOCUMENTS \$0.35 PER SHEET (OR SIDE, IF COPIED DOUBLE-SIDED)

☐ PHOTOGRAPHS ☐ \$15.00 PER DISC ☐ \$25.00 PER USB DRIVE *NOTE: PHOTOS WILL BE REDACTED WHERE APPLICABLE*	☐ VIDEO RECORDINGS ☐ \$45.00 PER USB DRIVE + \$35.00 PER VIDEO HOUR VIEWED AFTER 1 ST HOUR *NOTE: VIDEO WILL BE REDACTED WHERE APPLICABLE*	☐ AUDIO RECORDINGS ☐ \$20.00 PER DISC *NOTE: AUDIO WILL BE REDACTED WHERE APPLICABLE*
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RECORDS USE ONLY

FEE: _____ DATE PREPARED: _____

DATE RECEIVED: _____ SIGNATURE: _____

☐ DEPARTMENTAL REPORT ☐ AZ CRASH REPORT ☐ BODY CAMERA ☐ _____

PROCESSING STATUS: _____

PROCESSING STATUS: _____

PROCESSING STATUS: _____

PROCESSING STATUS: _____

PROCESSING STATUS: _____