



# YAVAPAI COUNTY SHERIFF'S OFFICE

## SUPPORT SERVICES BUREAU REPORT(S) REQUEST

### IMPORTANT NOTICE

1. REPORT(S) WILL NOT BE RELEASED WHILE THE INVESTIGATION IS STILL ACTIVE.
2. REPORT(S) MUST HAVE SUPERVISOR APPROVAL PRIOR TO RELEASE.
3. REQUESTS FOR "ANY AND ALL" REPORTS WILL NOT BE COMPLETED. IT IS YOUR RESPONSIBILITY TO SPECIFY WHAT REPORT(S) ARE BEING REQUESTED.
4. YCSO PERSONNEL ARE NOT PERMITTED TO CONDUCT RESEARCH FOR UNSPECIFIC RECORD REQUESTS.

#### Incident Information

Date of Request: \_\_\_\_\_ Report Number: \_\_\_\_\_

***IF THE REPORT NUMBER IS NOT KNOWN - THE INFORMATION MARKED WITH \* IS REQUIRED OR THE REQUEST WILL NOT BE COMPLETED.***

\*Date of Report (on or about): \_\_\_\_\_

\*Location of Report: \_\_\_\_\_

\*Type of Report: \_\_\_\_\_

\*Name of Person(s) in report: \_\_\_\_\_

Is this report for commercial purposes?  Yes  No

#### Requestor Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check here if you were the victim in the report

If you are obtaining a report on behalf of the victim - please indicate the following:

Relationship to the Victim: \_\_\_\_\_

#### Administrative Information – to be completed by Sheriff's Office Staff only

Request Received By \_\_\_\_\_

Date Processed \_\_\_\_\_ Processed By \_\_\_\_\_

Release Approved By \_\_\_\_\_ Report Redacted By \_\_\_\_\_

Requestor Notified By \_\_\_\_\_ Person Contacted \_\_\_\_\_

Method, Date, and Time Contacted \_\_\_\_\_

Cost of Request \_\_\_\_\_ Amount Received \_\_\_\_\_