

**REQUEST FOR INSPECTION OF PUBLIC RECORD**

Requestor's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Representing: \_\_\_\_\_

Requesting:	<input type="checkbox"/> Case Report	<input type="checkbox"/> Accident Report	<input type="checkbox"/> Photos
	<input type="checkbox"/> Audio Tapes	<input type="checkbox"/> Video Tape	<input type="checkbox"/> 9-1-1 Recording
	<input type="checkbox"/> Radio Recordings	<input type="checkbox"/> Other (Specify) _____	

Case Report Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Responding Officer: \_\_\_\_\_

Other information regarding request:

**GENERAL INFORMATION**

Request for inspections of The University of Arizona Police Department records must be presented to the Records Section of the Police Department, 1852 East First Street, Tucson, Arizona 85721, phone number (520) 621-7536 fax number (520) 621-3716. Original records furnished for inspection may not be removed from the department where such records are permanently stored and shall be overseen by a Records section employee.

Request for inspection of other university public record documents are made to the Office of Institutional Research and Evaluation P.O. Box 210134, Tucson, Arizona 85721-0134, phone (520) 621-7807 fax number (520) 621-1807; or see <http://oire.arizona.edu>.

The University of Arizona Police Department will charge for making copies of public records, computer costs if any, direct labor and supplies incurred in providing public records as guided by law and regulation.

**UAPD Fee Schedule**

One (1) to five (5) pages	\$1.00	Video Tapes	\$3.50 if not supplied
Six (6) pages or more	\$.10/additional page	Audio Tapes	\$2.50 if not supplied
Clerical Support	Up to \$10.00/hour	Photos	\$.48/print + processing fee

In accordance with ARS 39-121.03, I certify that the copies of public records herein requested will not be used for commercial purposes.

\_\_\_\_\_  
Signature of person requesting inspection of Public Record

<b><i>For use by Records Section Only</i></b>	
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Route to Department of: _____	
Name of Account Number Record: _____	
Request completed by: _____	Date: _____
Amount Paid: _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> Other <input type="checkbox"/> Receipt # _____	