



CITY OF TOLLESON

Public Information Release Form

8350 WEST VAN BUREN STREET, TOLLESON ARIZONA 85353
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It is the policy of the Tolleson Police Department to release to crime victims or their designated representative, one free copy of the crime report. Appropriate photographic identification must be presented to obtain free report. (Vehicle/Traffic related incidents are not included.) All other requests for Departmental Reports under the Public Information Records Law Pursuant to ARS 39-121, will be released at the following rates:

Paper Copies – \$10.00 for the first 9 pages, \$0.10 per each additional page

Fax - \$10.00 (20 page limit)

Email - \$10.00 (5 MB limit)

DVD - \$15.00 (4.7 GB limit)*

Flash Drive - \$20.00 (16 GB limit)*

Video requests fee - \$20.00 for first 30 minutes and \$20.00 each 30 minutes thereafter, this fee will be in addition to the delivery method fee of email \$10, DVD \$15 or Flash Drive \$20

It is requested the Tolleson Police Department release the following records to me:

Occurrence Information:

Report Number _____ Report Date _____ Time _____

Location _____ Nature of Report _____

Type of Request ☐ Incident Report ☐ Other _____

Requestor Information

Requestor Name & Entity _____ Date of Request: _____

Name of Client _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Notification: ☐ Phone ☐ Email ☐ Pick-Up ☐ Mail

E-mail _____

Crime Victim: ☐ Yes ☐ No *Relationship to Victim (BE SPECIFIC)* ☐ Self ☐ Spouse ☐ Parent ☐ Lawful/Designated Representative

Purpose of Request: ☐ Personal ☐ Court ☐ Insurance ☐ Attorney ☐ Commercial ☐ News Release

Police Department Use Only

Payment: ☐ Cash ☐ Card ☐ Money Order/Check Amount _____ Paid: ☐ Yes ☐ No

Release Approved By: _____

Received By: _____ Fwd To: _____

Date Processed / By: _____

Left Message with: _____ Date/Time: _____

Spoke to: _____ Date/Time: _____

Appropriate Photographic Identification: _____