



Pinal County Sheriff's Office

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Home: _____ Work: _____

Email Address: _____

Method of how Records are to be provided to you: Email Person Mail

Nature of Request:

____ Opportunity to review records (no original record may leave this office)

____ Copies of records

Please read and sign the following statement:

I have requested public records for a noncommercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of that purpose must be submitted per A.R.S. 39-121.03.

Request are processed in the order they are received. Some Records may take Longer than other's pending nature of the request, please allow 5-15 days For your request to be processed. *Please do not call daily to check on the Status of your request until after the 15 days of your request was submitted.*

Records Requested: (PLEASE BE EXPLICIT AS POSSIBLE AS TO THE RECORDS YOU DESIRE)

Notice: A fee will be charged for copying based upon actual cost for providing the information.

*****PLEASE DO NOT WRITE BELOW THIS LINE*****

Traffic Other Property Crimes Person Crimes
Incident# _____ Initials & I.D.# of Records Clerk _____ Date Processed _____
Released By: _____ Bdge# _____ Date: _____
Amount Received \$ _____ MO _____ CK # _____ Receipt # _____