



**Wickenburg Police Department**  
1980 W. Wickenburg Way, Wickenburg, AZ 85390  
(928) 668-0501 | pdrecords@wickenburgaz.gov



**Public Disclosure Request**

**Requestor's Information**

Date: \_\_\_\_\_

Name	Date of Birth
Company/Agency (if applicable)	Phone Number
Mailing Address	
Email Address	Signature

**Requested Record**

\*Please provide as much detail as possible and know that a record can be denied or delayed for lack of information.\*

Type of Record	Incident #
Date of Incident / Time Frame	Location (if known)
Receiving Request (All Types)	Receiving Requests (Documents Only)
<input type="checkbox"/> Mail Request <input type="checkbox"/> Pick Up Request	<input type="checkbox"/> Email Request <input type="checkbox"/> Certified Mail
Purpose of Request	If for commercial use, please specify purpose:
<input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial	

**\*Notice: The Requesting Party Shall Be Responsible For All Mailing Costs.\***

**Traffic Accident Disclosure & Agreement**

Per A.R.S. 28-667, a party involved in or has interest in a traffic accident due to ownership and/or damages has rights to an unredacted accident report.

As the requesting party, I affirm and guarantee under the penalty of perjury, that I have a legal right to the above stated accident. My legal standing to the record includes (check all that apply):

As an individual involved and referenced in the accident as a driver, passenger and/or victim  
 As the legal owner of the vehicle and/or property that was damaged during the incident  
 As the legal representative, insurer and/or attorney of an owner and/or party involved in the incident

**Police Department Use Only**

Date Received:		Status of Record:	Released	Denied	Withdrawn
Total Charges:	\$	Date of Notification/Release:			
Method Paid:	Cash      Card      Check	Approval Code / Check #			
Employee Signature & ID#					

Arizona Revised Statute § 9-495 requires in any written communication between a city or town and a person to provide the name, telephone number, and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following:

1. Demands payment of a tax, fee, penalty, fine or assessment;
2. Denies an application for a permit or license that is issued by the city or town; or
3. Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the city or town.

An employee who is authorized and able to provide information about any communication that is described above shall reply within five (5) business days after the city or town receives that communication.

**Submit records requests to [pdrecords@wickenburgaz.gov](mailto:pdrecords@wickenburgaz.gov)**

**Applicable Fees**

Police, Fire and EMS Reports	\$8.00 for up to 15 pages / \$20.00 for 16-50 pages / \$35.00 for 51-100 pages 0.25¢ per page if over 100 pages Victim of an offense gets one (1) free copy
Accident Reports <u><a href="http://www.buycrash.com">www.buycrash.com</a></u>	\$8.00 Involved Party \$15.00 Commercial Party
Expedited Report Fee	\$10 per report/unit