



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| Date Received: | | Status of Record: | Released Denied Withdrawn |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

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 www.buycrash.com | \$8.00 Involved Party \$15.00 Commercial Party |
| Expedited Report Fee | \$10 per report/unit |