



Marana Police Department

11555 W. Civic Center Drive, Bldg. B
Marana, AZ 85653
Phone (520) 382-2000 / Fax (520) 382-2001
mpdrecords@maranaaz.gov

RECORDS UNIT	<input type="checkbox"/> Telephone	<input type="checkbox"/> In Person	<input type="checkbox"/> Email
	Processed/Completed By: _____		
	Date Completed: _____		
	Amount Received: _____		

NOTICE

- Town of Marana employees CANNOT give legal advice.
- All requests for public records will be processed promptly and the records unit will notify you once information is ready for distribution. We will make a good faith effort to retrieve the documents requested to the best of our ability. Nevertheless, documents may exist of which we are unaware.
- The records unit can provide records Monday through Friday (excluding holidays) between 8:00 a.m. and 4:00 p.m.

PUBLIC RECORDS REQUEST-POLICE REPORTS

Request Date: _____

I, the undersigned, hereby request public records regarding the following:

Paper Copies (Total ____)* Electronic Copies View Only

*There is a minimum charge of \$0.50/page of copied material.

Party Name: _____ Case Number(s): _____

Basic Case Report Photos (\$2/photo and \$10 photo handling fee)

Audio CD (\$25/DVD) DVD (\$25/DVD) Supplements

TRAFFIC ACCIDENT REPORT**

If requesting an **UNREDACTED COPY of a traffic accident report please complete below.

I certify that pursuant to A.R.S § 28-667, I am entitled to an unredacted copy of the traffic accident report for the case number listed above because I am:

- A person who is involved in the accident or the owner of a vehicle involved in the accident or a representative of the person or owner
- An insurer licensed pursuant to A.R.S. Title 20 and the report is related to an investigation into fraudulent claims
- An insurer that writes automobile liability or motor vehicle liability policies and that is **BOTH** under the jurisdiction of the department of insurance or a self-insured entity **AND** an insurer of a person or vehicle involved in the accident
- An attorney licensed to practice law or a licensed private investigator representing a person involved in the accident in connection with any civil, administrative or arbitration in any court or government agency or before any self-regulatory body
- An insurance support organization as defined in A.R.S. § 20-2102 that provides services in connection with claims investigation activities, antifraud activities, rating or underwriting

COMMERCIAL PURPOSE (A.R.S. §39-121.03):

YES NO

(IF YES) I certify that the following statement setting forth the commercial purpose for which the above requested public records are used is true, correct, and complete. (Please give brief explanation of commercial purpose.)

Under the provisions of A.R.S. §39-121, public records law, I am requesting that the Marana Police Department release the requested public records to me.

Name (Printed)

Signature of Requestor

Address

City

State

Zip Code

Phone Number

Email Address