## GILA RIVER POLICE DEPARTMENT

Post Office Box 2186 • Sacaton, AZ 85147 Phone: (520) 562-7140/7142 • Fax: (520) 562-7050

## **Request for Official Police Information**

- 1. Due to the number of requests submitted, we are not able to process your request immediately. Our goal is to complete all copy requests within seven (7) to ten (10) days of receiving the written request. If a request cannot be fully processed within ten (10) days, you will be notified by mail.
- 2. The report will be mailed or made available for pick up as soon as processing is complete.
- 3. Certain reports cannot be released without a court order.
- 4. The Gila River Police Department may restrict certain information as warranted.

Cost: \$5.00 pre-paid per report copy (check or money order only).

	Please Print L	~ •		
Requester's Name:	Last	First		M.I.
Address:Stree	et City	State	Zip	
Home Phone:	Work Phone: Cell Phone:		ll Phone:	
Please Mail	Report Call M	Ie When Report	Is Ready For Pick	k-Up
(Pleas	Report Info		ssible)	
Report#:	_	•	her:	
Location of Incident:_				
Date and Time of Incid	lent:			
Names/Birthdates of P	ersons Involved:			
	Do Not Write Bel			
Date Received:	Processed By:	rica e de del de de N	otification:	
Check of M.O:	Date Processed:	r	ate Notified:	
Amount Deceived	Time Processed		ime Notified	