



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



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Date Received:		Status of Record:	Released Denied Withdrawn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#			