

Show Low Police Department Report Request

REQUIRED INFORMATION:

Case Number: _____ Victim/Suspect/Driver Name _____

Your Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date Requested _____ Other/Comments: _____

Purpose for Requesting Report:

- Private Investigator, License # _____
- Attorney
- Victim
- Witness
- Driver
- Suspect
- Other: _____

Office Use Only FEE: _____ Date Prepared: _____ Date Received: _____ Received: _____ Signature
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