



Leon N. Wilmot
 Sheriff of Yuma County

Yuma County Sheriff's Office

Records Department
 160 S. 3rd Avenue, Suite B, Yuma, AZ 85364
 Tel: (928) 329-2254 • Fax: (928) 539-7891
 www.yumacountysheriff.org

PUBLIC RECORDS/REPORT REQUEST FORM

All public records and report requests must be submitted in writing. Most reports will be available **15 to 20 working days** after the date the request was submitted. To verify that a report is ready for pick up, contact the Records Department at (928) 329-2254.

If you are requesting photographs, you will be contacted once they have been processed with the total cost and when they will be available for pick-up. **Picture identification is required at the time of request and pick up.**

DATE OF REQUEST	REPORT NUMBER	REPORT DELIVERY <input type="checkbox"/> Will pick up <input type="checkbox"/> Mail to address below (<i>pre-paid postage required</i>)
TYPE OF PUBLIC RECORD/REPORT REQUESTED		
<input type="checkbox"/> Case Report (full copy) - \$3.00 <input type="checkbox"/> Incident Report - \$1.00 <input type="checkbox"/> Traffic Accident Report - \$3.00 <input type="checkbox"/> Photo CDs - \$5.00 per CD <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> Postage - \$1.50 (<i>Reports/CDs to be mailed require pre-paid postage</i>)		
INCIDENT INFORMATION		
TYPE OF INCIDENT: <input type="checkbox"/> Burglary <input type="checkbox"/> Theft <input type="checkbox"/> Auto Theft <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Other, please specify: _____		
DATE/TIME OF INCIDENT (if known) ____/____/____ <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCATION OR ADDRESS OF INCIDENT (if known) _____	
NAME OF REPORTING PARTY (person who reported the incident)		NAME OF VICTIM OR BUSINESS (if you are not the victim)
REQUESTING PARTY INFORMATION		
NAME (Last, First, Middle Initial)	PICTURE IDENTIFICATION TYPE & NO.	TELEPHONE NO.
ADDRESS	CITY	STATE ZIPCODE
INVOLVEMENT WITH REPORT		
<input type="checkbox"/> Victim <input type="checkbox"/> Immediate Family (Relationship): _____ <input type="checkbox"/> Other: _____		
Examining or receiving copies of accident reports for commercial solicitation is prohibited by state law. (Arizona Revised Statute §28-667)		
SIGNATURE		

FOR RECORDS USE ONLY	
Research Clerk Signature: _____	Date prepared: _____
Picture ID Verification: _____	_____
<small>ID TYPE/NO.</small>	<small>EXPIRATION DATE</small>

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