



**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> )
<b>TYPE OF PUBLIC RECORD/REPORT REQUESTED</b>		
<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> )		
<b>INCIDENT INFORMATION</b>		
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)
<b>REQUESTING PARTY INFORMATION</b>		
NAME (Last, First, Middle Initial)	PICTURE IDENTIFICATION TYPE & NO.	TELEPHONE NO.
ADDRESS	CITY	STATE    ZIPCODE
<b>INVOLVEMENT WITH REPORT</b>		
<input type="checkbox"/> Victim <input type="checkbox"/> Immediate Family (Relationship): _____ <input type="checkbox"/> Other: _____		
<b>Examining or receiving copies of accident reports for commercial solicitation is prohibited by state law.          (Arizona Revised Statute §28-667)</b>		
SIGNATURE		

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

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