



Gila County Sheriff's Office

Records Information Request

PO Box 311, GLOBE, AZ 85502

FAX #: (928) 425-5674

Pursuant to A.R.S. §39-121; §39-121.01; §39-121.02; §39-121.03, I am requesting access to the following described record in the possession of the Gila County Sheriff's Office. I further agree to pay for all expenses incurred in locating, searching and copying of documents as indicated by the Sheriff's Office fee schedule. **Allow 10 to 14 working days to process your request.**

Date of Request:		Date Needed:	
Requesting Party:			
Address:			
Home Telephone:		Work Telephone:	

Requesting party will pick up request. **(Payment due at pickup)**

Please mail request. **(Pre-Pay is required)**

Please Email request. **(No charge; max. 20 pgs)**

Email: _____

Please fax request. **(Pre-pay is required)**

Fax: _____

CDs-\$25 each Must be picked up **(Pre-pay is required)**

Requested Information:			
Case Number:		Officer:	
Type of Incident:			
Date of Incident:		Or years to search:	
Name of Person Involved:			
Address:			
Birth Date (If known):			

In accordance with A.R.S. §39-121.03, I certify that the record being requested (select 1):

is **NOT** for a commercial purpose; OR

IS for a commercial purpose.

Explain Commercial Purpose:

An individual who knowingly falsifies this certificate for a document under these provisions is guilty of a class 6 felony. Further, any person who obtains a public record for a non-commercial purpose and uses or knowingly uses such public record for a commercial purpose or who obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose or who obtains a public record from anyone other than the custodian of such records and uses them for a commercial purpose shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose or actual use been stated at the time of obtaining the records.

Signature: _____

DISCLAIMER - INDEMNIFICATION

Requester understands and agrees that Gila County does not guarantee the accuracy of the data and information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, inaccuracy, or inaccuracy of said data and information. Requester agrees to indemnify Gila County, its officers and employees from any liability which may arise from the Requester's unauthorized use or transmission of any such data or information in its actual or altered form.

For Department Use Only

Date:		Report Status:	
Date:		Report Status:	
Date:		Report Released by:	
Date Notification Made:		Note:	
Date Picked Up:			
Date Mailed / Emailed / Faxed:		Receipt Number:	

GCSO 2017 09/22

PRINT and Mail to: Gila County Sheriff's Office - Records, PO Box 311, Globe AZ 85502 **OR**

Save As... to your computer then click **SUBMIT** to email to: sheriffsrecords@gilacountyaz.gov