



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 basic reports will be available **15 to 20 working days** after the date the request was submitted; larger, more extensive reports may take longer. 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 (basic) - \$3.00		<input type="checkbox"/> Incident Report - \$1.00	
<input type="checkbox"/> Photo CDs - \$5.00 per CD		<input type="checkbox"/> Traffic Accident Report - \$3.00	
<input type="checkbox"/> Postage - \$1.50 (<i>Reports/CDs to be mailed require pre-paid postage</i>)		<input type="checkbox"/> Other, please specify: _____	
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) ____/____/____		LOCATION OR ADDRESS OF INCIDENT (if known)	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
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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