



## City of Williams - Police Department

### Report Request Form

1. Due to the number of requests submitted, we are not able to process your request immediately. Our goal is to complete all copy requests within 10 business days of receiving the written request/or receipt of the completed report from the officer. If a request cannot be fully processed within 10 days, you will be notified.
2. The report can be faxed, mailed, picked up in person, or E-mailed back to the requestor. Please mark below which is preferred.
3. Certain reports cannot be released without a court order.
4. The Williams Police Department may restrict certain information as warranted, and information will be redacted as necessary.
5. Pending/incomplete reports will not be processed until the report is closed.
6. Reports that are still under investigation will not be released

**Cost: \$6.00 per report copy.** (Additional \$.25 per page over 15 pages)

Payment must be in the form of cash, money order, or personal check and must be received prior to the report being mailed to you. **We do not accept credit card payments.**

**There is no charge to persons listed as a victim.**

Print and mail, fax or email to Williams PD at 501 W. Route 66, Williams, AZ 86046,  
Fax: 928-635-1415, email: records@williamsaz.gov

### Requestor Information

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Home Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip

Contact Number: \_\_\_\_\_

Relationship to victim/parties involved: \_\_\_\_\_

Check one:  Mail Report  E-mail report  Fax  Call when report is ready

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If request is made for report to be emailed, provide email address:

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**Report Information (provide as much information as possible)**

Report Number: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Suspects Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Victims Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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**\*\*\*Police Department Use Only\*\*\***

Date received by records: \_\_\_\_\_ Processed by: \_\_\_\_\_

Amount received: \$ \_\_\_\_\_  Cash  Money Order  Personal Check

Date report transmitted: \_\_\_\_\_

Check one:  Mail Report  E-mail report  Fax  Call when report is ready

Comments: \_\_\_\_\_

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