

# PUBLIC RECORDS REQUEST

AVONDALE POLICE DEPARTMENT RECORDS BUREAU  
11485 WEST CIVIC CENTER DRIVE  
AVONDALE, ARIZONA 85323  
623-333-7002



### Instructions/Information:

- 1) All requests must be pre-paid in cash, credit card or money order at the time of the request. Bills larger than \$20.00 are not accepted.
- 2) Complete this form providing as much information as possible. Failure to do so may delay processing.

**PHOTO/VIDEO Disk** Report Number/s \_\_\_\_\_

**\*FEE \$35**

\*Cash, credit card or money order payable to City of Avondale. Requests require a minimum of 20 working days.  
Not all photographs/video are subject to release.

Please complete this Authorization for Release of Information form to authorize the City of Avondale Police Department to release and disclose your personal identifying information to the individual or organization identified on this form. This Authorization is voluntary. You may refuse to sign this Authorization. Failure to provide all information requested may invalidate this Authorization.

### PERSON WHOSE INFORMATION MAY BE RELEASED

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

### PERSON TO WHOM THE INFORMATION MAY BE DISCLOSED

Name or Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### AUTHORIZATION AND RELEASE

I authorize the City of Avondale Police Department to release and disclose any and all of my personal identifying information contained in or in the form of police report(s), photos and audio transcriptions to the person/organization identified above. I do hereby release from any and all liability and agree to hold the City of Avondale Police Department, its agents and employees harmless from any claim, cause of action or other liability that may arise out of or related to the release or disclosure of my personal identifying information under this Authorization.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACKNOWLEDGEMENT

State of Arizona )  
 )  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.

(seal)

\_\_\_\_\_  
Notary Public