

**State of Arizona
(Name of County)**

(Request Number: _____)

- 1. I, (Name), am a (Title) with the (Name of Agency). I am over the age of eighteen.**
- 2. The (Name of Agency) is conducting an investigation involving (Name/s of Subject).**
- 3. In accordance with Arizona Revised Statute § 36-2604(C)(5) and Arizona Administrative Rules R4-23-503(C)(5), the information requested is pursuant to an open complaint or investigation.**
- 4. All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.**

(Printed Name)
(Title)
(Agency Name)

Signature

Subscribed and sworn to before me in the County of _____, State of _____, this ____ day of _____, 20__.

Notary Public Seal

NOTARY PUBLIC
My Commission expires: _____

Note: This is not a required format. This resource is provided to assist you in complying with the CSPMP minimum requirements.

** Office Use Only **