

**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 Suspect), (SSN: \_\_\_\_\_) or Arizona DL# is (\_\_\_\_\_).**
- 3. In accordance with Arizona Revised Statute § 36-2604(C)(4) and Arizona Administrative Rules R4-23-503(C)(4), 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 \*\***