

## **Mohave County Medical Examiner's Office**

1145 Aviation Dr., Ste. 101  
Lake Havasu City, AZ 86404  
(928) 505-5888  
(928) 505-5889-Fax

### **Request for Release of Medical Examiner's Report**

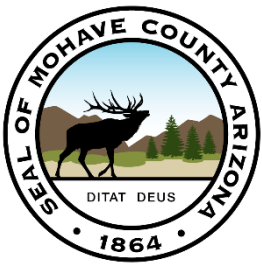
#### **COPY REQUESTS AND CHARGES**

- Immediate family\* and government agencies involved in the case – no charge
- Extended family - \$10.00
- Media, attorneys and others - \$25.00

\*Immediate family means the spouse, natural or adopted children, father, mother, brothers and sisters

**Payment in the form of a money order, cashier's check, business check, or personal checks made payable to Mohave County Medical Examiner's Office is required prior to releasing copies of reports.**

Please note that the final report will not be complete until all ancillary studies which may include toxicological analysis, histological analysis, and other relevant data have been reviewed and evaluated by the medical examiner.



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### REQUEST FOR A COPY OF MEDICAL EXAMINER'S REPORT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I am requesting a copy of the report of:

\_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

MY RELATIONSHIP TO THE DECEASED IS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MAIL PAYMENT (IF APPLICABLE) AND THIS REQUEST TO:

## Mohave County Medical Examiner's Office

1145 Aviation Dr., Ste. 101  
Lake Havasu City, AZ 86404

IF NO PAYMENT IS DUE, YOU MAY EMAIL THE REQUEST TO:

[info@mohaveme.com](mailto:info@mohaveme.com)

**YOU WILL BE NOTIFIED WHEN THE REPORT IS AVAILABLE.**