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**GALLIAN  
WILCOX**  
WELKER, OLSON  
& BECKSTROM, L.C.

April 26, 2011

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± Licensed in California

Brian L. Olson ( 1969-2010 )

To: The Town of Colorado City  
P. O. Box 70  
Colorado City, AZ 86021

RE: *Request for Public Record*  
*Requesting Party: The Hope Organization, by and through its*  
*President, Elaine Tyler*

To Whom it May Concern:

Our office represents the interests of Elaine Tyler, acting as President of The Hope Organization, who is filing the attached Request for Public Record, requesting copies of any police reports associated with the recent vandalism, book burning, and theft of books and other materials from the old Johnson Schoolhouse at 20 W. Johnson Ave., Colorado City, AZ.

It is our understanding that the materials requested are available under the effects of Arizona law.

My clients are requesting this in furtherance of their review of the evidence available on the matter. Please be advised that they have further filed an appropriate Victim Request (No. L513618) with the Mohave County Sheriff's Office.

We ask that the records asked for in the attached "Request for Public Record" be given directly to our client, The Hope Organization. Please be advised that if there is a failure to do so within the time requirements of applicable Arizona law, that appropriate legal action will be taken.

GALLIAN, WILCOX,  
WELKER, OLSON & BECKSTROM, L.C.

Daniel A. Schenck

**Offices:**

965 E. 700 S., Suite 305  
St. George, UT 84790  
Tel: 435.628.1682  
800.353.4128  
Fax: 435.628.9561

540 E. St. Louis  
Las Vegas, NV 89104  
Tel: 702.892.3500  
Fax: 702.386.1946

cw  
Enc.  
cc: The Hope Organization



# TOWN OF COLORADO CITY

P. O. Box 70 • Colorado City, Arizona 86021

Phone & TDD: 928-875-2646 • Fax: 928-875-2778

## REQUEST FOR PUBLIC RECORD

Name: <u>Elaine Tyler</u>	Title: <u>President</u>	Date: <u>4/28/11</u>
Address: <u>115 N. 300 W. Building B, Suite 101</u>		
<u>Washington, UT 84780</u>	Telephone: <u>435-627-9582</u>	
Representing (Company) <u>The HOPE Organization</u>		
Company engaged in business of <u>Non-Profit Agency assisting victims of abuse</u>		
<i>In accordance with A.R.S. § 39-121.03(A)</i>		
I hereby certify that the public records which I have requested are for the following purpose:		
I am requesting the following specific information for: Commercial Purpose <input type="checkbox"/> Non-Commercial Purpose <input checked="" type="checkbox"/>		
<i>Public records are in various locations of the Town and a reasonable amount of time is expected for responding to any request. Requests will be filled as promptly as possible; however, additional time may be necessary to process more difficult requests.</i>		

List the specific public records requested below:

Copies of any and all police reports witness statements, victim statements, photographs, videotapes, surveillance camera tapes, related to the vandalism, burglary, arson and theft of thousands of library books and other items and materials from the old schoolhouse building located at 20 W. Johnson Avenue Colorado City, AZ on or about April 15, 2011. This request is to include (but is not limited to) reports, statements, videos, photos etc. from Isaac Wyler, Stefanie Colgrove, Gerald Williams, Kevin LeBaron, CCPD Deputy Sam Johnson, Cedar City BI & Library.

Signature: Elaine Tyler Date: 4/28/11

DESCRIPTION OF CHARGES	NUMBER	COST
8-1/2 X 11 copies		
8-1/2 x 14 copies		
11 x 17 copies		
Maps, Plans, etc.		
Staff Time		
TOTAL		
Date Paid		

VICTIM REQUEST FOR, OR WAIVER OF, PRE-CONVICTION AND / OR PRE-ADJUDICATION RIGHTS

This form opts you in as a victim because there is probable cause that a crime has been committed against you.

Please keep this form for future reference regarding your case.

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<<FORM USE>>

Initial Contact

By Phone/Mail

DATE: 4-18-11

Victim-Initiated Change(s)

In Person

2

<<CASE IDENTIFYING INFORMATION>>

REPORTING AGENCY: Mohave Co. S.O. Phone #: 800-522-4312

Reporting Officer(s): Allen Johnson Complaint/Report/Citation #: 11-012854

Location: 20 W Johnson Report/Citation Date/Time: 4-18-11 1400hrs

Offense/Type of Crime: Theft

Felony  Misdemeanor  Domestic Violence Issue

3

<<ARREST / DETENTION STATUS>>

SUSPECT NOT IN CUSTODY

SUSPECT CITED AND RELEASED / REFERRED

SUSPECT IN CUSTODY - ADULT

SUSPECT IN CUSTODY - JUVENILE

UNKNOWN  KNOWN

ADULT \_\_\_\_\_ JUVENILE \_\_\_\_\_

INITIAL APPEARANCE:

DETENTION HEARING:

SUSPECT #1 \_\_\_\_\_  
SUSPECT #2 \_\_\_\_\_

SUSPECT #1 \_\_\_\_\_  
SUSPECT #2 \_\_\_\_\_

SUSPECT #1 \_\_\_\_\_  
SUSPECT #2 \_\_\_\_\_

SUSPECT #1 \_\_\_\_\_  
SUSPECT #2 \_\_\_\_\_

DOB \_\_\_\_\_

DOB \_\_\_\_\_

DOB \_\_\_\_\_

DOB \_\_\_\_\_

SUSPECT #1 \_\_\_\_\_

SUSPECT #2 \_\_\_\_\_

DOB \_\_\_\_\_

DOB \_\_\_\_\_

SUSPECT #2 \_\_\_\_\_

COURT \_\_\_\_\_

COURT \_\_\_\_\_

DETENTION CENTER: \_\_\_\_\_

If an arrest/detention in this case is made, you will be notified at the earliest opportunity. If you are not notified of an arrest/detention within 30 days, you may obtain case status information by calling the law enforcement agency indicated in Box 2 above.

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
If a citation is issued, the accused may appear at any time prior to the date and time shown.

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
CUSTODIAL AGENCY: \_\_\_\_\_  
The adult suspect in custody will appear in court for an Initial Appearance within 24 hours of arrest.

The juvenile suspect in custody will appear for a Detention Hearing at the county Juvenile Court or Detention Center within 24 hours of detention, but may be released at any time prior to this hearing.

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<<VICTIM OR VICTIM'S LAWFUL REPRESENTATIVE>>

A. Who was the crime or offense committed against?

Name: The HOPE Organization Birth Date: \_\_\_\_\_

B. Are you the victim or lawful representative? (CHECK BOX THAT APPLIES)

The crime was committed against me. I am the Victim.

One of the following applies to me, I am the victim's Lawful Representative. (CHECK ONE)

The victim has designated me as his/her lawful representative

The victim is incapacitated or deceased and I am an immediate family member

The victim is a legal entity (corporation, partnership or business).

The victim is minor child and I am a parent, an immediate family member or legal guardian

The victim is a vulnerable adult & I am the legal guardian.

Name: Elaine Tyler Victim's Lawful Representative DOB: (refused) Relationship: Pres to victim

C. How can you be contacted?

Name: The HOPE Organization

Mailing Address: 115 N. 300 W, Building B, Suite 101 Apt: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_ Apt: \_\_\_\_\_

City: Washington City State: UT Zip Code: 84780

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) 435-627-9582 Email: the-hope-org@yahoo.com

D.  I REQUEST my rights in this case.

OR  I WAIVE (DECLINE) my rights in this case.

I understand that I must keep my mailing address and phone number current with the agency or court responsible for providing my rights. Failure to do so can mean that my right are waived. I also understand in order to make any changes to the information supplied on this form, I must contact the appropriate agency or court.

(FOR REPORTING AGENCY USE ONLY)

REQUEST / WAIVER exception per A.R.S. § 13-4405(B) and § 8-386(B)

NOTES / COMMENTS:

Victim or Lawful Representative Signature / Date:

Mailed 4-21-11