



CITY OF MOXEE PUBLIC DISCLOSURE REQUEST

Date: _____

For Police Records-Please identify the documents requested, ie..Report #, Date and/or Type of Incident and/or who was involved. For City Records Only-Please note if you seek to inspect a file (free) for selection of records. Pursuant to RCW 42.56, I hereby request copies of the following public documents:

I understand the City of Moxee will respond to my request within five (5) business days of this date, although the release of documents I have requested may be further delayed by the need to review and/or clarify whether they are subject to public disclosure under RCW 42.56. Police records are also subject to provisions of the Criminal Records Privacy Act RCW 10.97 and may not be subject to public disclosure under that Act. I further understand those persons or entities which are mentioned in the documents may be contacted by the Moxee Police Department and advised of this request. I further understand that the documents I have requested may be released in a redacted form if certain portions of them are exempted from public disclosure. I further understand that I will need to pay the sum of \$.15 per page and/or a minimum fee of \$5.00 Per Police Report, for copies and if I wish to have them mailed to me, I will need to provide a stamped self-addressed envelope, with sufficient postage. Additionally, if I request my report faxed to any parties, I will pay \$2 for the first page and \$1 for each additional page. I further understand that if my request is not picked up within 30 days of notification of readiness, my request will become null and void and a new request and payment would need to be submitted for the same information. I swear or affirm that I am not making this request for a commercial purpose.

Signature

Printed Name

Address

Telephone Number

Fax Number

City/Town

State

Zip Code

Driver's License # or ID # (for Police Reports)

Email Address

Your Relationship to Police Case

Delivery Preference (circle one): PICK-UP FAX EMAIL REVIEW

For Office Use

ID Verified by: _____

Date of Dissemination: _____

City File(s) _____

Fee: _____ Receipt # _____

Police Report(s) _____

BARS Code Posting 001.341.81.10