



CITY OF MOXEE PUBLIC DISCLOSURE REQUEST

Date: _____

For Police Records-Please identify the documents requested, ie..Report #, Date and type of Incident, Where & Who was involved, if possible the age or date of birth of the individual. These will help to identify the case.

For City Records Only-Please note, if you seek to inspect a file at no charge, an appointment may be necessary.

I understand the City of Moxee will respond to my request within five (5) business days of this date. The release of the documents I have requested may be delayed by the need to review and/or clarify whether they are subject to public disclosure exemption under RCW 42.56 or under RCW 10.97, the Criminal Records Privacy Act. 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 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 I am required to prepay the greater of \$5, or the sum of \$.15 per page for paper copies; \$5 each for CD's/DVD's; and all costs for postage & shipping, if I wish to have my documents mailed to me. 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 under the penalties of perjury that I am not making this request for commercial or resale purposes. Pursuant to RCW 42.56, I hereby request copies of the following public documents:

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 Fee: _____ Receipt # _____ BARS Code Posting 001.341.81.10

ID Verified by: _____ Date of Dissemination: _____ City File(s) _____

Police Report(s) _____