



CITY OF MOXEE PUBLIC DISCLOSURE REQUEST

Pursuant to RCW 42.56

Date: _____

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

For Police Records-In order to identify the documents requested, please list as much information as possible, such as Report Number, Date and type of Incident, where it happened (as specifically as possible), who was involved, name, age or date of birth of individuals involved. These will help to identify the case.

I understand and agree: that the City of Moxee will respond to my request within five (5) business days of this date as to when your documents will be available to you; that by law some records may be exempted from disclosure; that involved/mentioned persons may be contacted by the MXPd in regards to your request; that if your request is not picked up within 30 days of notification of readiness, it will become null and void and a new request and payment would need to be submitted for the same information. I further swear or affirm under the penalties of perjury that I am not making this request for commercial or resale purposes. A photo or electronic version of my signature will serve as legally binding.

Costs: Must be paid in advance (including postage/shipping)
Paper Copies - \$.15/per page
Police Reports - \$5.00 each or \$.15 per page (whichever is greater)
CD's/DVD's \$5.00 each
Faxing - \$2 for the first page \$1 each additional page, plus the cost of the paper copies.

Information Requested: _____

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 MAIL 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) _____