



MOSES LAKE POLICE DEPARTMENT PUBLIC DISCLOSURE REQUEST

MLPD CASE # _____ DATE OF INCIDENT _____

TYPE OF INCIDENT _____

LOCATION OF INCIDENT _____

REQUESTED BY _____ **DATE REQUESTED:** _____

RELATIONSHIP TO CASE IS: VICTIM SUSPECT INS AGENT/ATTORNEY NOT INVOLVED WITH CASE

LAST NAME _____ FIRST _____ MIDDLE _____

DOB ____/____/____ RACE _____ SEX _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGENCY _____ PHONE _____

MAIL (MAILING ADD) _____ PICK UP: PHONE NO _____

ADDITIONAL INFORMATION REQUESTED (BE SPECIFIC)

**** LIST NAMES OF PARTIES INVOLVED AND/OR CIRCUMSTANCES**

SIGNATURE _____ DATE _____

I hereby certify on oath and under penalty of law that if a list of individuals is obtained through this request for public records I will not use that information for commercial purposes. Any records obtained may not be revealed to any other individual and or agency, or used for any other purpose than stated on this form, without the consent of the Moses Lake Police Department.

* * * * *
Record requests will be processed within five (5) working days from the day it is received. Records will not be disseminated if filed through the Grant County Prosecutor's Office until adjudicated. All requests are processed within the laws of the state of Washington, RCW 42.17 and RCW 10.97.

*The cost for researching and collecting records and making copies by City staff shall be **the cost of copies at fifteen cents (\$0.15) per page for Officer Reports. The cost for Accident Reports is \$15.00. The cost for photographs is \$0.15 cents per photo.** All requests will be mailed upon completion, unless other arrangements are made.*

RECEIPT NO. _____	DATE REC'D. _____	TAKEN BY _____
REPORT AMOUNT: \$ _____	PAID: Yes / No	AMOUNT OWING: \$ _____
RELEASED: Yes / No	DATE RELEASED _____	DATE DENIED _____