

# MOSCOW POLICE DEPARTMENT PUBLIC RECORD REQUEST

In order to best serve the public and to process your request for public records as expeditiously as possible, all requests to examine or copy public records MUST BE MADE IN WRITING. Please help us in this process by filling out this form completely. Please PRINT your name, address and telephone number so that we may respond to this request.

NAME OF REQUESTING PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DAY TELEPHONE NO.: \_\_\_\_\_ FAX NO: \_\_\_\_\_

ALL PAPER COPIES MADE ARE 10 CENTS PER PAGE; CD/AUDIO RECORDINGS ARE \$25 EACH. PAYMENT MAY BE REQUIRED PRIOR TO RECEIPT OF RECORD(S).

(After payment, the Records Custodian will notify you that the response is ready, or will mail or fax the response to you)

I request  Copies of documents                      I wish to  Examine documents

Police reports filed in the Records Division under DR# \_\_\_\_\_

Other: Describe fully so that we can locate the record more quickly. Use dates of arrest or report, location, suspect's name or date of birth, or crime, etc., to help describe what you are requesting. \_\_\_\_\_  
\_\_\_\_\_

Accident Supplemental Report under DR# \_\_\_\_\_

Photographs under DR# \_\_\_\_\_

Records released pursuant to this request are not warranted as to completeness or accuracy. We will respond to this request pursuant to applicable law but usually within three (3) business days (i.e. Monday through Friday, 8:00 a.m. to 5:00 p.m.). Requests received after normal business hours shall be deemed received the next business day. Birth month and day have been removed pursuant to Idaho Code §§ 9-340B(1), 9-335(1)(c) and/or 9-335(2), and 9-337(5) because production of this information would constitute an unwarranted invasion of personal privacy and could facilitate identity theft. You have the right to appeal the denial of your request by petitioning the Second Judicial District Court of Idaho within 180 calendar days of this response pursuant to Idaho Code Title 9, Chapter 3.

-----DO NOT WRITE BELOW THIS LINE ---- FOR OFFICIAL USE ONLY-----

\* Received by MPD Personnel: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ No Record Found   
Minors  Juveniles  Incomplete Report  Active Investigation  Referred to Prosecutor City  County

\* Sent to City Attorney: \_\_\_\_\_ Date \_\_\_\_\_ Scan/Email to County and 10-Day Letter   
Approved  Denied  and Attorney Letter

City Attorney: \_\_\_\_\_

\* Date Mailed/Released \_\_\_\_\_ # pages: \_\_\_\_\_ \$ \_\_\_\_\_