

Date:

Requester's Name:

Requester's Street Address:

City/State/Zip Code (Required):

Telephone (Optional):

Document, report or other documents that you are requesting.  
(\*Provide as much specific detail as possible so the City can identify the information.)

Does your request involve records relating to criminal investigations:  Yes  No

Please check one of the following boxes:

- I am requesting a Copy of the documents identified above.\*
- I am requesting access to the documents identified above.
- I am requesting access to the documents identified above **and** a copy of those documents.\*

Other comments  
and instructions:

\*I understand that all requests are subject to review by the City Police Records Officer and/or Solicitor to assess applicability of the RIGHT TO KNOW LAW. I further understand that if photocopies of records are available, I may be subject to a fee of \$.25 per page or other costs authorized by the RIGHT TO KNOW LAW.

**FOR STAFF USE ONLY**

Request Submitted By:  E-MAIL  US MAIL  FAX  IN-PERSON

Date & Time Request Received:

Open Records Officer:

City Five (5)-Day Response Due:

Notes: