CITY OF TWO RIVERS REQUEST FOR PUBLIC ACCESS

Police Department	Municipal Court
We ask that this form be completed to permit accurate and timely retrieval of a record(s) maintained by the <i>City of Rivers</i> . Responses are NOT provided over the telephone. If the requested record exists, a copy of the record we made for release in accordance with City policy and state and federal law. If the record does not exist or cannot released, a written response will be provided. Specific information within a record that cannot be released we removed or redacted ("blackened" out). Requests will be released as soon as possible; however can take up to business days. Once records are ready to be picked up, you will be notified.	
☐ Disposition ☐ Accident Report - \$0.25 per page ☐ Digita ☐ Digital Video/Audio - \$5.00	Record Requested: ort - \$1.00 per report, \$.25 per additional page al Photos - \$5.00 per C.D
Date of Request:	Time:
Name of Person or Persons Involved in Record(s)	(Please PRINT full name)
Date of Birth:	Sex/Race:
Type of Incident:	Date of Incident:
Additional Information about the Incident: ***********************************	**************************************
Person Requesting Record(s) (Pleases PRINT full name)	E-Mail address
Address/City/State/Zip	Phone Number:
Reason for Request (OPTIONAL):	
Will Pick-Up Record(s)	
Mail Record(s):	s City/State Zip
DEPART	MENT USE ONLY:
☐ Request Approved	☐ Request DENIED – See attached
Date/Time Request Completed	Date/Time Notified/Mailed (include initials)
Total Cost:	Revised 08-20-2015