MOSCOW POLICE DEPARTMENT PUBLIC RECORDS REQUEST

All requests to copy or examine 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. Please use dates of arrest(s) or report(s), location, suspect’s name, witnesses name(s), date of birth, or crime, etc., to help describe what you are requesting.

REQUESTOR’S INFORMATION:

Name Of Requesting Person: ________________________________
Address: ________________________________
City/State/Zip Code: ________________________________
Email Address: ________________________________
Day Telephone No.: ________________________________ Fax No: ________________________________

REQUESTED DOCUMENTS

☐ Police report only  DR # _____ (Spillman report)

Request to include:
☐ Photographs
☐ All document(s) in file
☐ Other (describe) _____________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The City will respond to your request pursuant to applicable law [usually within three (3) business days]. The birth month and day for people whose names appear in the records have been removed pursuant to Idaho Code §§ 74-105(1), 74-124(1)(c) and/or 74-124(2), and 74-101 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 any part of your request by petitioning the Second Judicial District Court of Idaho within 180 calendar days of this response pursuant to Idaho Code Title 74, Chapter 1.

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

Received by MPD Personnel: ___________ Date: ____________ Time: _________ No Records Found ☐
Minors ☐ Juveniles ☐
Incomplete Report ☐ Active Investigation ☐
Referred to Prosecutor: City ☐ County ☐
Agency Assist ______
Date sent to City Attorney: ________________ Scan/Email to County ☐ 10-Day Letter ☐
Approved ☐ Denial Letter ☐
Date Mailed/Released ________________ City Attorney: ________________________________