

WINFIELD POLICE DEPARTMENT

Request for Records/Copy

(To be completed by Requester)

Name: _____

Address: _____
(Street) (City) (State)

Signature: _____ Phone: _____

RECORD(S) SOUGHT: Please provide as specific a description as possible of the record(s) you desire to inspect or copy. Include record(s) title, names and dates.

Record Title/ Name/Date

1) _____

2) _____

3) _____

\$11.00 DMV Record

\$6.00 Accident Report

\$6.00 Incident Report

\$10.00 Fingerprints

\$15.00 Criminal History

CHARGES: A charge for providing inspection to or copies of public records is authorized by state law. These charges are set as a level to compensate the city for the actual costs occurred in honoring your request.

Prepayment of the above amount _____ is required _____ is not required.

(To be completed by Department Records Custodian)

Time of Request: Date _____ Charges: Staff Time \$ _____
Time _____:_____ AM PM _____ hrs. @ _____ rate

Time Access Provided: Date _____ Copying:
Time _____:_____ AM PM _____ # pages \$ _____

Other (Specify): \$ _____

TOTAL CHARGES:

Paid _____

(Department Records Custodian)