



City of Warrenton

200 West Booneslick Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

www.warrenton-mo.org

REQUEST FOR INSPECTION/COPY OF PUBLIC RECORD

Date of Request: _____

Record Being Requested: _____

(Describe the records **as specifically as possible**. If you are requesting records that cover only a particular period, such as last year or a specific month, please identify that time period.)

Would you like a copy of the document: YES___ NO___ If Yes, # of copies to be provided: _____

How will documents be delivered to the requester? Emailed ___ Faxed___ (Fax Number: _____)

Mailed___ Picked-up___

Please print your information below:

Request By: _____

Name

Address

City

State

Zip Code

Telephone #

Email Address

REQUESTING PARTIES SIGNATURE: _____

FOR POLICE REPORTS PLEASE PROVIDE THE FOLLOWING INFORMATION:

Complaint or Incident Number: _____ Date of Incident: _____

Type of Incident: _____ Location of Incident: _____

Note: Not all reports may be released. Some requests will involve extensive searches of records. State statute allows a reasonable length of time to allow the information to be gathered. A reasonable fee may also be charged for the time necessary to search for and copy public records and a deposit may be required.

*****For copies from the City of Warrenton, please call the City Clerk for the fee before you send a check. 636-456-3535*****

To Be Completed by City Clerk's Office

Date Request Received: ____/____/____ Time Received: _____

Received by: Mail ___ Telephone ___ Walk-in ___ Fax ___ Other ___

DATE: ____/____/____ Request Sent to _____ Department.

Date received back from other Department: ____/____/____

Amount of deposit required: _____ Date Requester contacted for deposit due: ____/____/____

How was Requester contacted for deposit? Phone ____ Email ____ Letter ____ Fax ____

Date Requester contacted for Pick Up: ____/____/____ BY: Phone ____ Email ____ Letter ____ Fax ____

If Request was Denied, Date and Reason: _____

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To Be Completed by Department with Record

Arrest Report ____ Audio/Video ____ Inactive ____ Incident Report (CFS) ____ Investigative ____

Photos ____ Other _____

Recommendations from other Department: Release Record _____

Do Not Release _____ Reason _____

Reason for Redaction: _____

Record Request Completed By:

Start Time: _____ **End Time:** _____

Total Time: _____ @ _____ per minute

Fee for Time _____

Total Pages _____

Other _____

Total Cost Due: _____

CASHIER REVENUE CODE:

(Police) **POLICR:** _____

(General) **REPORG:** _____

(Donations) **DONATE-R:** _____

Total Cost Due: _____

Signature of person picking up request: _____