



# City of Moses Lake, Washington Public Records Request Form

Public Records Officer s' Email: publicrecords@cityofml.com  
General Records – City Clerk, 401 S. Balsam St., Phone: 509-764-3703  
Police Records – Clerical Supervisor, 411 S. Balsam St., Phone:  
509-764-3887 Email: mlpdrecords@cityofml.com Moses Lake, WA 98837

Requestor's Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Preferred Method of Response:

- Please make records available for review only  
or, provide copies and applicable cost via:  
 email  mail  call to pick up

Please identify specific records you are requesting and  
any additional information that will help us locate them  
for you. (case #, location, incident type, permit #,  
address, date, name)

I understand that there may be charges for duplication  
or electronic transmission of these specific records in  
accordance to the adopted fees or other statutes. I  
certify that any lists of individuals will not be used for  
commercial purposes. I understand that the City will  
respond within five business days, either by providing  
the records requested, providing a reasonable estimate  
as to when the records will be available, or denying the  
request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

– FOR OFFICE USE ONLY –

### PRO Log and Assign

Type:  PRA  Criminal  Traffic  HIPAA

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Request Number: \_\_\_\_\_

5-day Notice Date: \_\_\_\_\_

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### Staff Search

Your Name: \_\_\_\_\_

Printed Page Count: \_\_\_\_\_

Scanned Page Count: \_\_\_\_\_

Total Electronic Files: \_\_\_\_\_

Total Time for Processing: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Places Searched and Search Terms: