



Request Number _____

City of Moses Lake, Washington Public Records Request Form

Submit Request to: Public Records Officer
City of Moses Lake
401 S. Balsam St.
Moses Lake, WA 98837

Phone: 509-764-3703
Fax: 509-764-3739
Email: publicrecords@cityofml.com

Requestor's Name: _____
Company: _____
Street Address: _____
City: _____ State ____ Zip _____
Email: _____
Phone: _____

Check Preferences:

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

Please describe the records you are requesting and any additional information that will help us locate them for you (case #, location, incident type, permit #, addresses, dates, names)

I understand that there may be charges for duplication or electronic transmission of these specific records in accordance to the adopted fees. 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 STAFF USE ONLY –

Date Received: _____
Received By: _____
Type: PRA Criminal Traffic

Forward Original to Records Officer

Response Due Date: _____

Comments:

Fee Calculation:

Date Available: _____

Date Paid: _____