

**CITY OF NEW RICHLAND POLICE DEPARTMENT
INFORMATION DISCLOSURE REQUEST**

A. TO BE COMPLETED BY REQUESTOR

The following information is required to determine if the requested information is public or not public. If determined to not be public, additional information may be requested.

DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING:	DATE REQUESTED:
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You are being asked to supply the following information that may be private or confidential information about yourself. Such information will be used by this department and other departments whose job reasonably requires access to the data to determine if you have the right to access the requested data and contact information when the requested data is available. Refusal to supply said information may result in a delay of the availability of the requested data. If you refuse to supply said information, then it is your responsibility to contact the necessary department to determine the status of the request.

REQUESTER NAME (Last, First, Middle):	
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	SIGNATURE:

B. TO BE COMPLETED BY POLICE DEPARTMENT STAFF

<input type="checkbox"/> Open/Active <input type="checkbox"/> Open/Inactive <input type="checkbox"/> Adult <input type="checkbox"/> Exceptionally Cleared <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Juvenile	CASE # _____ CASE # _____ CASE # _____ CASE # _____ CASE # _____ CASE # _____
REQUEST TAKEN BY (initials) _____	
REVIEWED BY INVESTIGATOR _____	
INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL	ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN PART (EXPLAIN) <input type="checkbox"/> DENIED (EXPLAIN BELOW)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
PHOTOCOPYING CHARGES: If there is no charge leave blank. _____ (# of Pages) x _____ (copy charge per page) = _____ (total cost) by _____ (initials)	
Authorized Release Signature/Title:	Date:
Requestor Signature:	Date:
Identity verified for PRIVATE information: <input type="checkbox"/> Driver's License, State ID <input type="checkbox"/> Comparison Signature on File <input type="checkbox"/> Other (Attach copy of identification used)	