 **CITY OF ST. CLAIR RECORDS REQUEST FORM**

 **POLICE DEPARTMENT**

 CHIEF MICHAEL WIRT CAPTAIN MARK DEBRECHT

 #1 PAUL PARKS DRIVE ST. CLAIR, MO 63077

 PHONE (636) 629-1313 FAX (636) 629-5730

**REQUESTOR INFORMATION** TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If request is on behalf of a business, please include business name and a contact name)

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECORD REQUEST INFORMATION**

We will do our best to locate the record(s) you are requesting, however we can only search based upon the information you provide.

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| **Record Type Requested** | **Processing Fee** | **Report Detail** |
|  |  **ACCIDENT REPORT** | $5.00 | A record consisting of the date, time, specific location(s), name of victim(s), and immediate facts/circumstances surrounding the accident report including a list of involved property and / or vehicles as applies. |
|  | **INCIDENT REPORT** | $5.00 for 1st 50 pages, add $0.10 per black and white page thereafter | A record consisting of the date, time, specific location(s), name of victim(s), and immediate facts/circumstances surrounding the initial report including a list of involved property and / or vehicles as applies. |
|  | **INVESTIGATIVE REPORT**(Full report, including any completed investigation.) | $5.00 for 1st 50 pages, add $0.10 per black and white page thereafter | A record, other than an arrest or incident report, inquiring into a crime or suspected crime, either in response to an incident report or in response to evidence developed by our deputies. (photos not included) |
|  | OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \* Other Records Requests - Fees will be assessed at the hourly rate of personnel required to complete the request, plus $0.10 per black and white printed page, other supply fees may apply. Talk to the Records Clerk for further details. |

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| --- | --- | --- | --- | --- |
| **REASON FOR REQUEST** |  | **VICTIM NAME** |  | **RECORD NUMBER** (IF KNOWN) |
|  | INVOLVED PARTY LISTED IN REPORT |

|  |
| --- |
| **SUSPECT NAME** |
|  |

 |  |
|  | ATTORNEY FOR INVOLVED PARTY |  |
|  | INVOLVED INSURANCE COMPANY | **INCIDENT DATE / DATE RANGE** |
|  | OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| OTHER INFORMATION WHICH MAY ASSIST US IN PROCESSING YOUR REQUEST: |

Records will not be released until the non-refundable processing fee has been paid. Large requests or those requiring extensive research may require payment prior to processing. If you have questions regarding which type of record / report to request in order to best meet your needs, please discuss with the Records Clerk.

**SIGNATURE OF REQUESTOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REPORT NUMBERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE REQUEST FULFILLED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICE CLERK INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_