



Wasilla Police Department
1800 E. Parks Highway
Wasilla, AK 99654
P: (907) 352-5401
F: (907) 357-7877
Email: wpdadmin@ci.wasilla.ak.us



PUBLIC RECORDS REQUEST

Name: _____ ID/OL# & State: _____ Date of Request: _____
 Organization/Company: _____ E-Mail: _____
 Mailing Address: _____
 Telephone: _____ Cell Phone: _____ Fax: _____

Date & Time of Occurrence:	Type of Report: Collision Report Dispatch Log Officer Report Audio/Photos Other:	Report/Case Number:
Location of Incident:	Name of Involved Party:	

Case/Incident Involvement

A record may be released to an individual not related to the requested incident(s) without the necessity of a court order if there is a valid reason upon review by the Chief of Police or his agents. The Chief reserves the right to decline authorization for specific documents release.

Please be specific about your reasons for this request and what documents you are requesting.

ACKNOWLEDGEMENT OF PAYMENT

I understand I will be charged a pre-paid nonrefundable fee of \$20 per CD, \$10.00 per Collision Report, \$10.00 per Officer Report or \$5.00 per Dispatch Log. If the report or log exceeds 10 pages, there will be an additional fee of \$0.35 per page. If it is determined that my request will require more than five hours of staff time to prepare, I will be notified of the personnel costs required to complete each task and/or copying tasks. I further understand that the Police Department must respond to the request within 10-business days after receiving my request, except the Department may take an extension of an additional 10-business days if needed for review or investigation. I further understand that this request is available for public review and will be kept on file in accordance with City records policy. If the record or report from the Wasilla Police Department that I am requesting is not completed at the time of my request, I understand that my request becomes effective on the date the record or report is complete. I also understand that if the report is still within adjudication, it will not be available for release until unrestricted by the District Attorney. For instances involving Collision Reports with criminal charges pending:

(Please initial) _____ I understand only the Collision portion of the report will be released in cases pending criminal charges.

CERTIFICATE OF NON-LITIGATION AFFILIATION

I hereby certify that: I am not involved in litigation with the City of Wasilla or another public agency to which the requested record is relevant and I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Wasilla or another public agency to which the requested record is relevant. I certify under penalty of perjury, that the foregoing statements are true.

Signature: _____ **Date:** _____

ADMIN USE ONLY

Received By: _____ Date done: _____ Amount Received: _____ Cash or Check No.: _____
 REQUEST DENIED Reason: _____ Requester Advised
 Picked Up Emailed Faxed Emailed Other: _____