



Request Number _____

City of Moses Lake, Washington Public Records Request Form

Submit Request to: Public Records Officer Phone: 509-764-3703
City of Moses Lake Fax: 509-764-3739
401 S. Balsam St. Email: publicrecords@cityofml.com
Moses Lake, WA 98837

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 identify specific 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 HIPAA

Forward All Type PRA to City's PRO

Response Due Date: _____

Comments:

Fee Calculation:

Date Available: _____
Date Paid: _____