



REQUEST FOR RELEASE OF INFORMATION

ATTENTION: READ BEFORE FILLING OUT REQUEST

This Agency will review the "Request for Release of Information" within ten business days and make a determination as to what information, if any, will be released or give a reason for denying the request. It will be the responsibility of the applicant to ensure that information released by the Rock Springs Police Department will be disseminated only in accordance to law. Any person denied any records from the Rock Springs Police Department may apply to the district court of the district wherein the record is found for any order directing the custodian of the record to show cause why he/she should not permit the inspection of the record.

REQUIRED:

- *A valid picture I.D. is required.*
- *Records will only be released to the applicant unless otherwise approved.*
- *Any information not adjudicated at the time of the request will not be considered for release until court proceedings are complete.*
- *Requests not picked up after applicant is notified will be destroyed after 30 days.*

FEES:

- *Fees are non-refundable even if the request is denied.*
- Fees will be collected at the time of the request.
- Any additional fees that apply after will be collected at the time of release/pick-up.
 - \$3.00 for Accident Reports and CAD Calls.
 - \$5.00 for Copy Requests and Background checks (per name).
 - \$5.00 for all other reports up to 10 pages, \$0.50 per page after 10 pages.
 - Additional fee collected upon release.
 - \$1.00 per page for color photocopies (collected upon release).
 - \$10.00 for CD/DVDs/Flash drives plus the cost of the flash drive.
 - Collected upon release.

PAYMENT:

- Cash, money order, company checks, and credit/debit card.
 - If paying with a credit/debit card, payment will need to be made at City Hall and the receipt presented to Records personnel.
- No personal checks.



REQUEST FOR RELEASE OF INFORMATION

DATE OF REQUEST: _____

APPLICANT'S INFORMATION

- NAME
 - LAST: _____
 - FIRST: _____
 - MI: _____
 - ADDRESS
 - STREET #/NAME: _____
 - CITY: _____
 - STATE: _____
 - ZIP: _____
- CONTACT INFORMATION
 - HOME/WORK/CELL PHONE: _____
 - EMAIL ADDRESS: _____
 - FAX #: _____
- IDENTITY *(Valid picture identification is required before any information is released, i.e. Wyoming Driver's License)*
 - TYPE OF IDENTIFICATION: _____
 - IDENTIFICATION NUMBER: _____

INFORMATION BEING REQUESTED *(must be specific to Name, Date of Birth, Location, Date, Offense, or Report Number)*

- NAME & D.O.B.: _____
- DATE OF OCCURRENCE: _____
- LOCATION OF OCCURRENCE: _____
- TYPE OF INCIDENT/OFFENSE: _____
- CASE REPORT NUMBER: _____

REASON INFORMATION REQUESTED: _____

APPLICANT'S SIGNATURE: _____

DEPARTMENT USE ONLY

DATE RECEIPTED: _____ DATE REVIEWED: _____ DATE RELEASED: _____

RECEIPT#: _____ () APPROVED

TOTAL INITIAL COST: \$_____.____ () DENIED Notes:

ADDITIONAL COSTS AT PICKUP

OF PAGES >10: _____ PERSON REVIEWING
DIGITAL MEDIA: \$_____.____ REQUEST(INITIAL/SIGN): _____

COLOR PHOTOS: \$_____.____ PERSON IDENTIFYING
10+ PAGES: \$_____.____ APPLICANT (INITIAL/SIGN): _____

ADDITIONAL COST: \$_____.____