



200 West Booneslick
Warrenton, MO 63383
Phone: 636-456-3535 Fax: 636-456-1336
www.warrenton-mo.org

Request for Inspection/Copy of Public Record

Date of Request: _____

Record being Requested:

(Describe the record as specifically as possible. If you are requesting records that cover only a particular period, such as last year or a specific month, please identify that time period)

Would you like a copy of the document: Yes [] No [] If yes, # of copies to be provided: _____

How will documents be delivered to the requester? E-mailed [] Mailed [] Picked-Up []
Faxed (Fax Number: _____)

If you are requesting a Police Report, please provide the following information:

Complaint/Incident Number _____ Date of Incident: _____

Type of Incident: _____ Location of Incident: _____

Please print your information below:

Request By:

Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Email Address: _____

Requesting Party's Signature: _____

Please Note: Not all reports may be released. Some requests will involve extensive searches of records. State statute allows a reasonable length of time to allow the information be gathered. A reasonable fee may also be charged for the time necessary to search for and copy public records and a deposit may be required.

For copies from the City of Warrenton, please call the City Clerk for the fee before you send a check. 636-456-3535

To be completed by City Clerk's Office:

Date Request Received: _____ **Time Request Received:** _____

Received via: Mail Phone Walk-in Fax Other

Date: _____ **Request sent to:** _____

Date received back from other Department: _____

Amount of Deposit Required: _____ **Date Requester contacted for deposit due:** _____

How was Requester contacted for deposit? Phone Email Letter Fax

Date Requester contacted for Pick Up: _____ **By:** Phone Email Letter Fax

If request was denied, Date and Reason: _____

To be completed by Department with Record:

Arrest Report Audio/Video Inactive Incident Report (CFS) Investigative

Photos Other _____

Recommendation from other Department: Release Record Do not Release Record

Reason: _____

Reason for Redaction: _____

To be completed by Receiving Department:

Record Request Completed by: _____

Start Time: _____ **End Time:** _____

Total Pages: _____

Other: _____

To be completed by City Clerk

Start Time: _____ **End Time** _____

Total Time: _____ @ _____ per minute

Fee for Time: _____

Total Pages: _____

Other: _____