

**WELLINGTON POLICE DEPARTMENT
REQUEST FOR RECORD INSPECTION**

(To be completed by requestor)

Name: _____ (printed)

Address: _____ (printed)

Signature: _____

RECORD(S) SOUGHT: Please provide as specific a description as possible for the record(s) you desire to inspect. Include records titles and dates, as well as the name of the city agencies or departments, which produced or hold the record(s).

Record Title/Date

1. _____

2. _____

3. _____

(To be completed by the Record Custodian)

CHARGES: A charge for providing access of the public records is authorized by State Law. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. The fee schedule established by the city is posted in this office.

The charge to you for accessing the record(s) you request is: \$ _____

Time of Request: Date _____ Time _____ M

Access provided: Date _____ Time _____ M

Staff time involved: _____ hours _____ minutes

Total Charge: _____

Record Custodian

Your copy of this form is your receipt