## SWEET SPRINGS MISSOURI POLICE DEPARTMENT

## CUSTODIAN OF RECORDS RECORDS REQUEST

Completion of this form is not required to fulfill your record request. However, it will expedite your request.

Requestor's Information							
Print Name:	E	Business/Firm Name:		Email Add		ess:	
Telephone No.:	Business Add	Address: F		ull Address:			
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Reason for Request  Are you an attorney requesting records for the purpose Current Bar Card No. State of Issuance:							
Are you an attorney requesting records for the purpose of representing a client? ☐ Yes ☐ No				Current Bar Card No.		State of issuance.	
If Insurer or attorney representing insurer, list your insured's name:				If Insurer, list insured's policy number:			
I represent the below client(s) for the purpose of this request:							
Print Name	Gender			Court Case No. (if applicable)			
					, , ,		
(Check <u>all</u> that apply.)  Current Civil Litigation  Municipal Court Case Potential Civil Claim Defense  I represent the <b>next of kin</b> of the deceased. (print deceased name).I represent the below next of kin:							
Π		(print name), rela	tionsh	ip of the decea	ased		
☐ My client is depicted						_	
<b>—</b> ·		•	_			(print minor's name).	
My client is the ☐ parent or ☐ legal guardian of the minor child(print minor's name), with date of birth:							
					-,	,	
Other, list reason:  Records Requested (Provide all known information to help process your request)							
Police Report No. (CRN			Time	of Incident:	Location of Incident:		
Type of Incident (crash, burglary, arson, etc.):							
Describe the type of record you are requesting (incident report, reconstruction report, etc.) or information you are requesting:							
Are you requesting video and/or audio recordings?   YES  NO.  There is a backlog of video and audio requests, which require additional staff time prior to release and may slow down your request by more than three weeks. If you are not requesting video or audio recordings, at this time then check "NO."							
Video(s) Requested (Be specific.)							
☐ Patrol ☐ Interrogation ☐ All Detention ☐ Surveillance ☐ Breath Analysis Room Only							
☐ Other:							
SSPD DTS Use Only:							
Start Time:	End Time:	Total Labor:		Media/Shipp	ing:	Total: \$	
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FORM 120 En P.D. (10-2018)

In compliance with 18 U.S.C. 2721, also known as the Driver's Protection Act, and in order to receive certain information unredacted, you must meet one (1) of the following criteria.

I qualify to receive certain personal information, because the following applies to my client/me (check all that apply):				
	1.	Government agency or representative carrying out its function.		
	2.	In connection with matters of motor vehicle or driver safety and theft.		
	3.	In connection with motor vehicle emissions, product alterations, recalls, advisories, performance monitoring, parts and dealers, market research (including survey research) and/or removal of non-owner records from the original owner records of motor vehicle manufacturers.		
	4.	Legitimate business or its agents, employees, or contractors to:		
		☐ Verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; <b>and</b>		
		Obtain the correct information (if information submitted is not correct), but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual.		
	5.	For use in connection with any civil, criminal, administrative, or arbitral proceeding. This includes service of process, investigation in anticipation of litigation, and the execution of enforcement of judgments and orders or pursuant to an order of a court.		
	6.	Research activities and for use in producing statistical reports. (Note: the personal information obtained cannot be published, redisclosed, or used to contact individuals).		
	7.	Insurer, insurance support organization, self-insured entity (or its agents, employees, or contractors), in connection with claims investigation activities, antifraud activities, rating or underwriting.		
	8.	Providing notice to the owners of towed or impounded vehicles.		
	9.	Licensed private investigative agency or licensed security service. (Note: Cannot be selected alone. Must include another purpose.)		
	10.	Employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49 of the United States Code.		
	11.	Use in connection with the operation of private toll transportation facilities.		
	12.	A party involved in the incident.		

**Information:** Please note that the Custodian of Records will handle this request in conjunction with all other request for records. Due to the volume of requests for records that are received by the SSPD, it is estimated to take 4 (four) - 6 (six) weeks to process this request depending on the nature of the request and research. In addition, your request may require the SSPD to obtain additional information from you prior to the release of video, audio, or other types of records. Please consider this notice of the SSPD's response that it will take longer than three (3) business days to process your request for records. The SSPD will provide the total cost for filling your records request and will request payment prior to the release of records. If you need further clarification regarding your request, please see the following contact information. *E-mail is the* preferred method for making the request. E-Mail: sweetspringspolice@gmail.com Mailing Address: Sweet Springs Missouri Police Department Attn: Custodian of Records 324 S Miller Sweet Springs, Missouri 65353 Fax: (660)335-4904 Requestor's Certification: I, the undersigned, certify, under penalty of perjury, that the information that I provide on this form is true and accurate to the best of my knowledge and belief, and any misrepresentation or falsification made by me on this form may result in civil penalties or a combination thereof. I have also read and I understand the information that has been requested of me and the information provided to me on this form. Requestor's Signature Date SSPD Use Only: Date Received by Criminal Records Section Received by (Print Name and Serial No.): Follow-up Notes: Submitted to Unit: Date of Submission Name of Person in Receipt: **Total Cost:** Research, Search, Copy Cost: Pages/CD Cost: Routing: Date Comments