



WOODSON TERRACE POLICE DEPARTMENT

4305 Woodson Road Woodson Terrace, MO 63134
Station: (314) 427-5858 Dispatch: (636) 529-8210 FAX: (314) 427-0215



Missouri Sunshine Law Records Request Form

This form is provided pursuant to §610.023 RSMo for the purpose of requesting access to public records. Submission of this form does not guarantee the release of records if exemptions apply.

Requestor Information

Full Name: _____ Organization (if applicable): _____
Mailing Address: _____ City / State / ZIP: _____
Phone Number: _____ Email Address: _____

Description of Records Requested

Please describe the records requested with as much detail as possible (dates, times, locations, incident numbers, names, report numbers, etc.). Vague or overly broad requests may delay processing.

Type of Records Requested (check all that apply)

Police Reports Incident / Arrest Reports Calls for Service / CAD Records
Audio Recordings (interviews) Video Recordings (e.g., Body-Worn Camera, In-Car, Interview Room, Jail)
Photographs Other: _____

Preferred Format of Records

Email (if available) Paper Copies CD / DVD USB Drive Inspection Only (no copies)

Commercial Purpose Disclosure (Required by §610.026 RSMo)

Is this request being made for a commercial purpose? Yes No If Yes, please describe the commercial purpose:

Fees, Deposits, and Processing Acknowledgment

I understand that fees for records requests are assessed in accordance with §610.026 RSMo and the Woodson Terrace Police Department Fee Schedule. Fees are based on the actual cost of staff time and materials required to fulfill this request. A cost estimate may be provided prior to processing, and a deposit may be required before work begins.

- I request an estimate prior to processing.
- I authorize processing up to \$_____ without prior approval.

Requestor Signature

By signing below, I certify that the information provided is accurate and acknowledge the fee and processing provisions outlined above.

Signature: _____
Printed Name: _____
Date: _____

For Department Use Only

Date Request Received: _____ Request Received By: _____
Response Due By (3 Business Days): _____ Cost Estimate Provided: Yes No
Deposit Required: Yes No Date Records Provided / Inspected: _____
Disposition: Fulfilled Denied Partially Fulfilled
Reason for Denial / Redaction (if applicable): _____
Custodian of Records Signature: _____ Date: _____