



KENAI POLICE DEPARTMENT
107 SOUTH WILLOW STREET
KENAI, AK 99611
Telephone (907) 283-7879
Fax (907) 283-2267



PUBLIC RECORDS REQUEST

Name of Requestor	ID or OL # & State	Date of Request
Organization or Company		
Mailing Address	E-Mail Address	
City	State	Zip
Telephone:	Cell Phone:	Fax:
Case report or log #:	(\$.50 per page)	<input type="checkbox"/> CD/DVD (\$25.00) <input type="checkbox"/> Other (Explain Below)
Reason for request: <input type="checkbox"/> Involved Party <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Represent Involved Party <input type="checkbox"/> Registered Owner <input type="checkbox"/> Insurance Company <input type="checkbox"/> Other:		
ACKNOWLEDGEMENTS I understand my request may be denied and/or redacted (select information removed, blacked out) due to the following reason(s): 1) Victims Rights clause (AS12.61.100-150); 2) Public Records Exceptions (AS 40.25.120); 3) An arrest or active criminal prosecution; 4) Active Investigation; 5) Exempted records under KMC 10.40.040. I understand that I will be charged \$.50 per page for reports and \$25.00 per CD or DVD, in addition to applicable mailing costs if required. There is a 6% sales tax added to the invoice. If it is determined that my request will require more than five hours of staff time to prepare I will be notified of the personnel costs required to complete each task and/or copying tasks. I further understand that the Police Department will attempt to fill the request within five working days. If the record or report from the Kenai Police Department that I am requesting is not completed at the time of my request, I understand that my request becomes effective on the date the record or report is complete. I also understand that if the report is still within adjudication, it will not be available for release until unrestricted by the District Attorney. For instances involving Collision Reports with criminal charges pending only the collision portion of the report will be released.		
Signature:	Date:	
ADMINISTRATIVE USE ONLY - FINAL DISPOSITION/INFORMATION RELEASED		
Received by:	Date:	Amount: Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check <input type="checkbox"/>
<input type="checkbox"/> REQUEST DENIED <input type="checkbox"/> Requestor advised	REASON DENIED	
<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed	Provided by:	Date Provided:
<input type="checkbox"/> e-mailed <input type="checkbox"/> Other:		