



**Palmer Police Department
PUBLIC RECORDS REQUEST – DIGITAL MEDIA**

423 S Valley Way Palmer, AK 99645
Phone: 907-745-4811
Email: records@palmerpolice.com



Requestor Name:		Date of Request:
Organization/Company:	Mailing Address:	
E-Mail:	Phone:	
Date & Time of Occurrence:		Report/Case Number:
Location of Incident:		
Full Names of Involved Parties:		
Requestor's Involvement (Example: Victim, Witness, Defendant)		
<p>A record may be released to an individual not related to the requested incident(s) without the necessity of a court order if there is a valid reason upon review by the Chief of Police or his agents. The Chief reserves the right to decline authorization for specific documents release per AS40.25.120. <i>Please be specific about your reasons for this request and what documents you are requesting:</i></p>		

Incident Types and Fees:

- Photos (\$10 per report, additional fee of \$0.35 per page over 10 pages)**
- Public Safety Audio Recording (\$20 per individual incident plus \$0.54 a minute for review and \$5.40 a minute for redaction)**
- Public Safety Video Recording (\$50 per individual incident plus \$0.54 a minute for review and \$5.40 a minute for redaction)**

ACKNOWLEDGEMENT OF PAYMENT

I understand I will be charged a pre-paid nonrefundable fee (cash or check only) according to the fee schedule above. If it is determined that my request will require more than five hours of staff time to prepare, I will be notified of the actual personnel costs required to complete each task and/or copying tasks.

(Please initial) _____ I understand I will be charged a pre-paid nonrefundable fee according to the fee schedule above.

I further understand that the Police Department must respond to the request within 10-business days after receiving my request, except the Department may take an extension of an additional 10-business days if needed for review or investigation. I further understand that this request is available for public review and will be kept on file in accordance with City records policy. If the record or report from the Palmer 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:

(Please initial) _____ I understand only the Collision portion of the report will be released in cases pending criminal charges.

CERTIFICATE OF NON-LITIGATION AFFILIATION

I hereby certify that: I am not involved in litigation with the City of Palmer or another public agency to which the requested record is relevant, and I am not acting on behalf of or otherwise representing any person who is involved in litigation with the City of Palmer or another public agency to which the requested record is relevant. I certify under penalty of perjury, that the foregoing statements are true.

SIGNATURE: _____ DATE: _____