



**Springfield
POLICE**

REQUEST FOR RELEASE OF RECORDS

I, _____, (Requesting Party) acknowledge that pursuant to 610.100 RSMo Et seq. I have requested a release of police records from the City of Springfield Police Department. To the extent any records so requested are closed records, I represent that I am a party entitled to release of the records as an attorney for a person/insurer of a person or a person involved in any incident which is the subject of said records.

I further represent and acknowledge that the closed records are being requested for purposes of investigating a civil claim or defense and the records will not be used in a manner inconsistent with the exceptions contained in 610.100 RSMo Et seq. The Requesting Party shall defend, indemnify, and hold the City harmless from any claim or damages resulting from the City's release of records to Requesting Party.

I further acknowledge that the Missouri Sunshine Law allows thirty (30) days for the agency to provide any of the requested records that are closed.

I certify that I have fully read and that I understand the provisions of this request for release of records which is executed this _____ day of _____, _____.

Requesting Party: _____

Firm Name (If Applicable): _____

Address: _____

Phone #: _____

Name of Person/Party you represent: _____

Police Case #: _____

Witness