# **Submit New Request**

# **Requester Details**

# Mr. Randy Howard Smith

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WASHINGTON, DC 20016-2855

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Requester Default Category: Educational or Non-Commercial Scientific

# **General Information**

Action Office Metropolitan Police Department

Request Type FOIA

Requester Category News Media

Preferred Delivery Mode Download via FOIA Portal

Preferred Payment Mode Other

# **Request Information**

Description Document Description

To Whom It May Concern:

Pursuant to the District of Columbia Freedom of Information Act of 1974, D.C. Code Ann. § 2-531 et seq. ("D.C. Act"), I hereby request the following records:

Shotspotter report of gunfire detected from June 24th, 2013 to present including the following fields:

Date Time Latitude Longitude

Single or Multiple Shots

Any additional information that may be available

I would prefer the request filled electronically, by e-mail attachment if available or USB/CD-ROM if not. Additionally I would prefer the documents be in a machine-readable format (i.e., Excel or .csv files, not PDF).

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 15 business days, as the statute requires. If fees cannot be waived, I request an estimate for fulfillment of this data request

Sincerely,

Yes

Randy Smith

Consent

Proof of Identity

Date Range for Record Search:

From

Date Range for Record Search:

To

### **Fee Information**

Willing Amount \$10

Fee Waiver Request Reason Th

This request is in the public interest. Requested documents will be made publicly available at no cost. The request purpose is for news gathering, not commercial usage. If fees cannot be

waived, I request an estimate for the fulfillment of this data request.

Willing to Pay All Fees

## **DOH Additional Fields**

**Professional License Number** 

# **MPD Additional Fields**

Central Complaint No.
Incident Date
Incident Time Place of Incident

FEMSD Additional Fields Incident No. Incident Date Incident Time
Place of Incident

# **Expedite Information**