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PUBLIC RECORD REQUEST

Requestor Information

Full Name: _____ Today's Date: _____
Address: _____ Agency: _____
City/ST/Zip: _____ Phone: _____
I am: The Victim
 Representing the Victim under RCW 10.97.070
 Other _____
*If this record concerns someone other than yourself, what is your relationship to the case (Parent, Guardian Ad Litem)
*This can help determine information privileges

Material Being Requested – This request is made pursuant to RCW 42.56, the Washington Public Records Act

Names of Involved Parties:
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Incident # _____ Date of Incident: _____
Location of Incident: _____

Document Type Requested:
 Police Report
 Accident Report
 Photos
 Other _____
Type of Incident:
 Accident Hit & Run Assault
 Welfare Check Theft Burglary
 Other _____

I wish to have copies/duplicates of the record indicated above. I understand that a \$.15 per page charge will be assessed to me for these duplicate copies.
 I wish to have electronic copies/duplicates of the records indicated above emailed to me. I understand that there will be a \$.10 per page charge for documents that are in paper format and must be scanned prior to transmission.
*Email Address: _____
 I wish to make an appointment to review the records indicated.

Additional information that can help us locate the requested documents for you – **Be as specific as possible:**

Pursuant to RCW 42.56 this form acknowledges that your request has been received. The City will respond to your request within five (5) business days. Our response will be to either, (1) provide the record, (2) request clarification of the request, (3) notify you additional time is needed and provide an estimate and explanation, or (4) deny the request. Additional time required to respond to a request may be based upon the need to clarify the intent of the request, to locate and assemble the information requested, to notify third persons or agencies affected by the request, or to determine whether any of the information requested is exempt and that a denial should be made as to all or part of the request.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes. (RCW 42.56.070).

Signature _____ Date _____

INTERNAL USE ONLY
PDR# _____ # of pages _____
Requestor contacted via: Phone Email Message Date _____
Documents Active: Officer _____ Date _____
Documents delivered via: Release date/pick up _____ Mail Date _____ Email Date _____