



PUBLIC RECORDS REQUEST FORM

Washougal Police Department • 1320 A Street • Washougal, WA 98671

Phone 360.835.8701 • Fax 360.835.7559

EMAIL REQUESTS TO: WASPD@CITYOFWASHOUGAL.US

Pursuant to RCW 42.56, Washington State Public Records Act, I hereby request a record maintained by the Washougal Police Department and do assert my identity to be:

Contact information

Name: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Fax #: _____

Email: _____

Requested information

I request a ☐ Copy ☐ Inspection Case #(s): _____

Date/Time: _____ Location: _____

Additional Info: _____

I certify that the records requested will not be used for commercial purposes and that I will not give or provide access to the material to others for commercial purposes, as prohibited by RCW 42.56.070 (9).

Signature of Requestor

Date

As per RCW 42.56.520, the Washougal Police Department shall respond promptly to your request.

Within five (5) days after receiving a request, the Washougal Police Department will either:

- 1. Provide you with said record(s);**
- 2. Acknowledge your request and give you a reasonable estimate of how long it will take to respond.**
- 3. Deny your request in writing, with the reasons for denial. The Washougal Police Department will tell you the specific exemption of other law it relies upon for the denial.**

There is a copy charge for all public disclosure requests of fifteen cents (\$.15) per copy page after the first ten pages, audio/video recording (USB Flash Drive) - \$10.00 each.

For Office Use Only

PDR #: _____

Request Received:

Requestor Notified:

Date: _____

Date: _____

Time: _____

Time: _____

By: _____

Copy Fees: _____

[] Inspected [] Copied [] Sent electronically [] Denied