



Elma Police Department
Request for Public Records

| | | |
|-------------|-----------------|-----------------|
| Case Number | Date of Request | Time of Request |
| | | |

REQUESTED BY

Name:

Address:

City, State, Zip:

Phone:

Your Relationship
To Incident:

REQUESTED INFORMATION

Date of Incident:

Time of Incident:

Location:

Parties Involved #1:

Parties Involved #2:

Investigating Officer:

REQUESTOR READ AND SIGN:

RCW 42.56 allows five working days to respond to your request. Our response may be: your records are available, there is a delay, or the case is still active / under investigation and will be available upon completion.

I understand that I may be charged 15 cents per page (20 or more pages) for all standard letter size copies I desire and that other publications may be available at cost. I understand that records will be mailed and/or available once full payment is received by the Elma Police Department. Any overpayment will not be applied to future requests and will not be refunded.

Requestor's Signature

Acknowledgement of Release of Records

Completed by Agency Records Clerk

Date of Release:

Amount Due:

Recipient's Signature:

Records Clerk Signature: