

Office of the City Clerk  
625 S College Avenue  
College Place, WA 99324  
Ph – 509-394-8511  
Email – [Ineissl@cpwa.us](mailto:Ineissl@cpwa.us)

Police Records Supervisor  
619 S College Avenue  
College Place, WA 99324  
Ph – 509-394-8552  
Email – [mbarr@cpwa.us](mailto:mbarr@cpwa.us)

Request No. \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Extended To: \_\_\_\_\_  
Extended To: \_\_\_\_\_

## POLICE RECORDS DISCLOSURE REQUEST

Please Print Clearly – \*Valid Contact Information Required



DATE OF REQUEST: \_\_\_\_\_ TIME OF REQUEST: \_\_\_\_\_  
TYPE OF INCIDENT: \_\_\_\_\_  
DATE OF INCIDENT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
LOCATION OF INCIDENT: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ FRONT COUNTER \_\_\_\_\_ FAX \_\_\_\_\_ MAIL \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

**NAME OF PERSON INVOLVED IN CASE** \_\_\_\_\_

YOUR INVOLVEMENT IN CASE (i.e.: Victim, Attorney, Insurer, Etc.) \_\_\_\_\_

REASON FOR REQUEST (If Criminal Case) \_\_\_\_\_

**\*YOUR NAME:** \_\_\_\_\_  
Print Full Name Signature

**\*ADDRESS-** (Mail/Email) \_\_\_\_\_

**\*PHONE NUMBER** (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

### PLEASE READ AND ACKNOWLEDGE UPON SUBMITTING REQUEST

- Agencies must respond within five business days of receiving a public records request by: (1) providing the record; (2) acknowledging receipt of your request and either asking for clarification or providing a reasonable estimate of time the agency will require to respond; or (3) deny the request.
- Further, I understand I will be charged for the documents/files received in this request according to the current City Fee Schedule. If an amount greater than \$ \_\_\_\_\_ is reached, please contact me before going any further.

\_\_\_ I wish to have copies / duplicates of the records indicated above. (Fees may be charged in advance.)

\_\_\_ I wish to make an appointment to review the records indicated above before copies are made.

### ACKNOWLEDGE RECEIPT OF RECORDS

Request Satisfied (Sign): \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

City Representative: \_\_\_\_\_ Number of Copies: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF**

Date Received By City: \_\_\_\_\_ Original to City Clerk: \_\_\_\_\_ Copy to Police Department: \_\_\_\_\_

**Responsible staff must advise the City Clerk within TWO working days if documents are not able to be produced within FIVE working days, and provide an estimated date of when documents will be available for production.**

Date 5-Day Letter Sent: \_\_\_\_\_ Extension Letter Sent: \_\_\_\_\_ Extension Letter Sent: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

This Request Was Satisfied on \_\_\_\_\_ Date By \_\_\_\_\_ Staff Member.

This Request Was: \_\_\_\_\_ Not Satisfied (explain below) \_\_\_\_\_ Denied (explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional information if necessary.