PUBLIC DISCLOSURE
REQUEST FOR INFORMATION
WASHOUGAL POLICE DEPARTMENT

REQUESTOR COMPLETE THE FOLLOWING

Name: _____ Phone: _____

Address: _____
Street City State Zip

Wish to: ☐ **Inspect** ☐ **Receive Copy** Case #: _____

Purpose of Request: _____

_____

Per RCW 47.17.32: Agency has 5-business day to respond to this request.

FOR OFFICE USE ONLY

Receipt#_____ **Amount:**_____

Identification Checked _____ State_____ BY_____

☐ Allow Access: The applicable department has been notified, you may access the record

☐ Deny Access: The Department has determined that the records you have request are exempt under the law for the following reasons:

_____

☐ Other: _____

Requestor Notified

Date:_____ **Time:**_____ **By**_____/_____
Initials/PSN

☐ **Phone Notification** ☐ **Mail** ☐ **In person**

Records Received by:

Name: _____ **Date:** _____