Request for Disclosure
Of Public Records
La Center Police Department

Requestor Complete the Following

Name: _____ Phone: _____

Address: _____
Street City State Zip

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

Information Requested: _____

_____

_____ _____
Signature of Requestor Date

If records concern individuals other than the requestor, complete the following:

Name(s) requesting record for: _____

Per RCW 42.17.320: Agency has 5 business days to respond to this request.

FOR OFFICE USE ONLY

Receipt #: _____ Amount: _____

Received By: _____ Released: ☐ Yes ☐ No
Initials/PSN

DATE STAMP

AGENCY RESPONSE

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

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

_____

_____

☐ Other: _____

☐ We do not have the record(s), explanation: _____

REQUESTOR NOTIFIED

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

☐ Phone ☐ Mail ☐ In Person

Records Received By:
Name: _____ Date: _____