

Records Officer – City Clerk
525 W Cota Street
Shelton, WA
Telephone: 360-432-5105

Shelton Police Department Request for Public Records



For City Use Only:
Received by: _____ Date: _____
525 W Cota St
Shelton, WA 98584
(360) 432-5145 / FAX (360) 432-0537

Name of Requestor: _____ Phone Number: _____

Name of Company: _____

Mailing Address: _____

Describe the record(s) you are requesting:

If known, the following information could be helpful in the search for records:

CASE NUMBER: _____ **Date:** _____ **Time:** _____

Location of Incident: _____ **Type of Incident:** _____

Names of Persons Involved: _____

To request records, please check appropriate box:

- I would like copies of the records and will pick them up.
- I would like copies, but wish to be contacted first if the amount is over \$5.00.
- I would like copies mailed to the address above (I understand that postage is charged for mailing).
- I would like to inspect the records.
- Please fax to: _____
- I would like an electronic version (if possible) of the records on CD DVD or e-mailed to me.

E-mail address: _____

There is a \$10.00 charge for audio- tape, CD or DVD.

By signing below I certify that the information I am requesting will not be used for commercial purposes as prohibited per RCW 42.56.260(9).

Printed Name: _____

Signature: _____

Date: _____

In accordance with RCW 42.56.520 additional time may be needed to locate and assemble the records, notify Third persons, redact information containing material that is exempt from disclosure or obtain clarification from you regarding this request. Please be advised that failure to respond to the City's request for clarification shall relieve the City of its duty to respond to this request.

Note: If your request results in a large volume of records being identified, RCW 42.56.120 allows the City to respond by releasing the records in installments.

Request was satisfied on: _____ x .15 _____ = \$ _____
Date # of pages Misc. Fees (postage, cd etc..) Amount Due