Records Officer – City Clerk 525 W Cota Street Shelton, WA

Telephone: 360-432-5105

Request was satisfied on:



Shelton Police Department Request for Public Records

For City Use Only:

Received by:



Date:

"Building A Stronger Community TOGETHER"	525 W Cota St Shelton, WA 98584	
TOULTHER		FAX (360) 432-0537 s@Sheltonwa.gov
Name of Requestor:	Phone Numb	er:
Name of Company:		
Mailing Address: Describe the record(s) you are required.	uesting:	
If known, the following information	could be helpful in the search for rec	ords:
CASE NUMBER:	Date:	Time:
Location of Incident:	Type of Incid	lent:
Names of Persons Involved:		
☐ I would like copies mailed to ☐ I would like to inspect the red ☐ Please fax to: ☐ I would like an electronic ver ☐ E-mail address:	cords and will pick them up. It to be contacted first if the amount is over the address above (I understand that poccords.	stage is charged for mailing). D DVD or e-mailed to me.
By signing below I certify that the prohibited per RCW 42.56.260(8).	information I am requesting will n	not be used for commercial purposes as
Printed Name:	Signature:	
Date:		
third persons, redact information cont		d assemble the records, notify disclosure or obtain clarification from you equest for clarification shall relieve the City
Note: If your request results in a l to respond by releasing the records	2	ntified, RCW 42.56.120 allows the City