

POULSBO POLICE DEPARTMENT
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

(Revised Code of Washington 42.56)

REQUESTOR INFORMATION

Date Requested _____

Requestor Name _____

Address _____

City State Zip

Telephone No. _____

Requestor _____

Signature _____

Description of Requested Records. Please be as specific as possible. The Department will be able to process your request faster if you clearly identify the records you are requesting to review and/or receive a copy of. (You may attach another sheet of paper if necessary).

If you are requesting a copy of some or all of the requested records, the copying charge is \$5 for the first page of each document and \$0.25 for each additional page of each document.

** We will send you a letter informing you of the Department's response to your request. Thank you for your cooperation. Per RCW 42.56.520

FOR DEPARTMENT USE ONLY

Date Request Received _____

Date Request Acknowledged _____

Estimated Response Date _____

Actual Response Date _____

