



9605 NE 24th Street
Clyde Hill, WA 98004
Phone: 425-453-7800
Fax: 425-462-1936

Public Records Request

Requests accepted by mail, email, fax, or in-person.

The following information is to be filled out by the person requesting records.

Date of Request : _____

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Email Address of Requestor: _____

Case or Incident number: _____

Date of Record: _____

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may result in denial of the request.

I understand I may review records without charge. I further understand that if I request copies, I must pay the City's actual per page cost, plus the actual reproduction cost of non-paper records. I agree to pay all duplication charges associated with my request.

- I wish to have copies/duplicates of the records indicated above.
- I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

- Emailed to me (must provide email address above)
- Mailed to me (must provide mailing address above)
- Call me and I will pick up in person

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 46.56.070(9)

Signature

Date

For Police Department Staff use only:

Date received:		Comments:	
Date completed:			
Request denied:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copies provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fee \$ _____ Total \$ _____
Request completed by:	Postage \$ _____		