



# Algona Police Department

402 Warde Street, Algona, Washington 98001  
(253) 833-2743 fax (253) 833-5019

## PUBLIC DISCLOSURE REQUEST

DATE OF REQUEST: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

LOCATION / ADDRESS OF INCIDENT: \_\_\_\_\_

NAME OF PERSON(S) INVOLVED IN THE INCIDENT: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

First

Middle Initial

Last Name

YOUR ADDRESS: \_\_\_\_\_

Address

CITY

STATE

ZIP

PHONE NUMBER(S): \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

YOUR INVOLVEMENT IN INCIDENT (Optional) (i.e., Driver, Victim, Attorney, Defendant, Etc.) \_\_\_\_\_

TYPE OF REQUEST - Incident Report(s), Crime Statistics, or Other: \_\_\_\_\_

METHOD TO RECEIVE DOCUMENTS:  Mailed  Emailed  Fax  Will Pick Up

**NOTE:** *Case Report* copies over 20 pages for non-involved applicants, copies will be charged .15 cents per single-sided, 8-1/2 X 11 page. Other sized copies may be available at a higher cost. CD/DVD's copies \$5.00 Traffic Accidents for non-involved applicants, copies are \$20.00.

I hereby declare under penalty of perjury, under the laws of the State of Washington, that the requested records shall not be used in violation of Washington State law.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ALGONA P.D. INFORMATION ONLY

RECEIVED BY ALGONA P.D. EMPLOYEE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_

**"Dedicated to Providing Professional Police Services with Pride and Integrity"**