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 RECORDS: _ Mailed _ Emailed _ Electronic (CD/DVD) _ Fax _ Will Pick Up

FEES: Case Report Copies: Non-Involved Applicant - Copies over 20 pages $.15 cents per single-sided, 8-1/2” X 11” page. Other sized copies may be available at a higher cost. RCW 42.56.070(7)(a)(8);
Involved Applicant – No Fee.
Electronic (CD/DVD’s): Copies $5.00 AMC 2.50.100
Traffic Accidents: Non-Involved Applicants, copies $20.00 RCW 46.52.080;46.52.083;46.52.085;
Involved Applicant – No Fee.

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: ____________________________

Form Revised: 09-03-2015

"DEDICATED TO PROVIDING PROFESSIONAL POLICE SERVICES WITH PRIDE AND INTEGRITY"