

CITY OF RIDGEFIELD
POLICE DEPARTMENT RECORDS

PUBLIC REQUEST FOR RECORDS
PLEASE PROVIDE ALL INFORMATION REQUESTED

DATE REQUESTED: _____

SUBJECT'S NAME: _____ DATE OF BIRTH _____

DATE OF INCIDENT: _____ TYPE OF INCIDENT: _____

YOUR RELATIONSHIP TO THE SUBJECT: _____

REQUESTER'S NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WHAT IS REQUESTED: _____

REASON FOR REQUEST: _____

The release of information is subject to Washington State Law and may not be available for public disclosure and as such may not be available to you. If information is not disclosed to you, you are entitled to an explanation by law within five (5) business days (RCW 42.56). Some information may be withheld in a report to protect victims and witnesses and as such is mandated by state law that details not be disclosed.

REQUESTER'S SIGNATURE: _____ DATE: _____

CHIEF'S APPROVAL: _____ DATE: _____

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DATE RECORDS OR CORRESPONDENCE WAS SENT OUT: _____

WHAT WAS SENT: _____