

# CITY OF LAKE STEVENS

## PUBLIC RECORDS INFORMATION REQUEST

CITY OF LAKE STEVENS  
 1812 MAIN STREET \* P.O. BOX 257  
 LAKE STEVENS, WA 98258  
 (425) 334-1012 FAX: (425) 334-0835

LAKE STEVENS POLICE DEPARTMENT  
 2211 GRADE ROAD \* P.O. BOX 790  
 LAKE STEVENS, WA 98258  
 (425) 334-9537 FAX: (425) 334-9842



THIS PUBLIC RECORDS REQUEST FORM ITSELF CONSTITUTES A PUBLIC RECORD AND IS SUBJECT TO PUBLIC DISCLOSURE UPON REQUEST

DATE OF REQUEST:		TIME OF REQUEST:	
REQUEST RECEIVED BY:	<input type="checkbox"/> MAIL	<input type="checkbox"/> FAX	<input type="checkbox"/> E-MAIL <input type="checkbox"/> PHONE
NAME OF REQUESTOR:			
FULL ADDRESS:			
PHONE NUMBERS:	DAY:	EVENING:	CELL:
EMAIL (IF AVAILABLE)			

I WOULD LIKE TO:

- INSPECT THE RECORDS AT NO CHARGE (I MAY REQUEST COPIES AFTER INSPECTION)
- RECEIVE COPIES OF THE RECORDS AFTER PAYING REQUIRED COPYING CHARGES. I AM WILLING TO PAY \$ \_\_\_\_\_ FOR THOSE COPIES.

THE LOCATION OF THE REQUESTED RECORD, IF KNOWN:			
<input type="checkbox"/> ADMINISTRATION	<input type="checkbox"/> ADMIN. SERVICES (HR, INFORMATION TECHNOLOGY)	<input type="checkbox"/> COMMUNITY DEVELOPMENT/BUILDING	<input type="checkbox"/> FINANCE
<input type="checkbox"/> PUBLIC WORKS/PARKS	<input type="checkbox"/> POLICE	<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> OTHER

TITLE AND DATE OF THE REQUESTED RECORD, IF KNOWN:

PLEASE PROVIDE A SPECIFIC DESCRIPTION OF THE REQUESTED RECORDS AND ANY ADDITIONAL INFORMATION THAT WILL HELP US LOCATE THEM FOR YOU AS QUICKLY AS POSSIBLE. FAILURE TO PROVIDE INFORMATION SUFFICIENT TO IDENTIFY THE RECORDS MAY CAUSE DELAY OR CONSTITUTE GROUNDS FOR DENIAL OF THE REQUEST.

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<b>POLICE REQUESTS ONLY:</b>			
DATE OF INCIDENT:		TYPE OF INCIDENT:	
LOCATION OF INCIDENT:		NAME OF PERSON INVOLVED IN CASE:	
YOUR INVOLVEMENT IN CASE :	<input type="checkbox"/> VICTIM <input type="checkbox"/> ATTORNEY <input type="checkbox"/> INSURER <input type="checkbox"/> SUBJECT <input type="checkbox"/> WITNESS <input type="checkbox"/> OTHER: _____		
FOR CRIMINAL HISTORY LETTERS:	OTHER NAMES USED: _____		DATE OF BIRTH: _____

I UNDERSTAND THAT SECONDARY DISSEMINATION OF THIS INFORMATION IS PROHIBITED UNLESS IN COMPLIANCE WITH RCW 10.97.050 AND RCW 42.56.210. I CERTIFY THAT ANY LISTS OF INDIVIDUALS OBTAINED THROUGH THIS REQUEST FOR PUBLIC RECORDS WILL NOT BE USED FOR COMMERCIAL PURPOSES.

SIGNATURE OF REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* PLEASE NOTE \*\*\*\*\*

**DUE TO THE VOLUME OF REQUESTS RECEIVED, FIVE BUSINESS DAYS IS TO BE EXPECTED FOR A RESPONSE.**

RCW 42.56.520: PROMPT RESPONSE REQUIRED: RESPONSES TO REQUEST FOR PUBLIC RECORDS SHALL BE MADE PROMPTLY BY AGENCIES. WITHIN FIVE BUSINESS DAYS OF RECEIVING A PUBLIC RECORDS REQUEST, AN AGENCY MUST RESPOND BY EITHER (1) PROVIDING THE RECORD; (2) ACKNOWLEDGING THAT THE AGENCY HAS RECEIVED THE REQUEST AND PROVIDING A REASONABLE ESTIMATE OF THE TIME THE AGENCY WILL REQUIRE TO RESPOND TO THE REQUEST; OR (3) DENYING THE PUBLIC RECORDS REQUEST. ADDITIONAL TIME REQUIRED TO RESPOND TO A REQUEST MAY BE BASED UPON THE NEED TO CLARIFY THE INTENT OF THE REQUEST OR TO DETERMINE WHETHER ANY OF THE INFORMATION REQUESTED IS EXEMPT AND THAT A DENIAL SHOULD BE MADE AS TO ALL OR PART OF THE REQUEST.

