



CITY OF DUPONT Police Department

1780 Civic Drive, Suite 100 • DuPont, WA 98327
Phone (253) 964-7060 • Fax (253) 964-8491

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

DATE OF REQUEST _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

I am requesting the records described below. *(Please provide any additional information that will help us locate the records. Use appropriate document title and date, if known. Please print clearly.)*

Case # (if known): _____ Date of incident: _____

Name of person/s involved: _____ Location of incident: _____

(Additional information): _____

If copying is requested, state the number of copies desired for each item listed: _____
(If you want your request mailed, postage fees may apply)

Within five (5) business days after receiving a request, this agency will either:

1. Provide the record (s);
2. Acknowledge your request and give you a reasonable estimate of how long it will take to respond;
3. Deny your request in writing, with reasons for denial. The City will tell you the specific exemption or other law it relies upon for the denial.

I understand and agree that per R.C.W. 42.56.520 the DuPont Police Department has five business days to respond to my request. If the information will not be available within the five business days, an estimated date of completion will be given within five business days.

I further understand that per R.C.W. 42.56.070 the DuPont Police Department will charge for the copies at the rate established by the ordinance. Payment of fees is required before delivery of requested documents.

Signed this _____ day of _____, _____.

Signature of Requestor