



# Buckley Police Department

Chief James Arsanto

## REQUEST FOR PUBLIC RECORDS

| Requested By   |                          |                        |
|--|--------------------------|------------------------|
| Name:  |                          | Date of Request:       |
| Mailing Address:   |                          |                        |
| City, State, Zip:  |                          | Phone No.:             |
| Your Relationship to Incident:   |                          |                        |
| Incident Information   |                          |                        |
| Supply as much identifying information as possible/may use back of page if needed.   |                          |                        |
| Case Number:   | Date & Time of Incident: | Location:              |
| Parties Involved:  |                          | Investigating Officer: |
| Please Check the following:  |                          |                        |
| Pick up: <input type="checkbox"/>  |                          |                        |
| Mail: <input type="checkbox"/>   |                          |                        |
| Fax: <input type="checkbox"/> Fax number: _____  |                          |                        |
| Email: <input type="checkbox"/> Email address: _____   |                          |                        |
| Additional Comments:   |                          |                        |
| <b>~ IMPORTANT – PLEASE READ AND SIGN ~</b>  |                          |                        |
| <p><b><i>Pursuant To RCW 42.56, Washington State Public Disclosure Act, I hereby request a copy of the following documents maintained in the files of the Buckley Police Department. I understand that requested records may be redacted in accordance with RCW 42.56.</i></b></p> |                          |                        |
| <p><b><i>I understand per RCW 42.56.120 the City of Buckley will charge for copies of records.</i></b></p> <p style="padding-left: 40px;"><b><i>\$0.15 per page \$5.00 for accident reports and \$10.00 for all audio and CD's</i></b></p>   |                          |                        |
| <p><b>~Requester's Signature~:</b> _____</p>   |                          |                        |
| For Agency Records Clerk Only  |                          |                        |
| Date Request Fulfilled:  | Records Clerk Signature: |                        |
| Contact of Requestor:  |                          |                        |
| Acknowledgement of Release of Records  |                          |                        |
| Date Received:   | Recipient's Signature:   |                        |

This document may be hand-delivered or mailed to the address below. You may also fax this Records Request to 360 829-0133.