



McCleary Police Department

Request for Public Records

Case Number _____

Date of Request _____

Time Requested _____

Requested By _____

Phone: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

DESCRIBE SPECIFIC RECORDS REQUESTED IN DETAIL:

IS THIS INFORMATION FOR COMMERCIAL PURPOSES? YES NO

REQUESTOR READ AND SIGN: I understand that if a list of individuals is provided to me by the McCleary Police Department, it will neither be used to promote the election of an official or promote or oppose a ballot proposition as prohibited by RCW 42.17.130 nor for commercial purposes or give or provide access to material to others for commercial purposes as prohibited by RCW 42.17.260(9). I further understand that requested records may be redacted in accordance with RCW 42.17. I understand that I will be charged 15 cents per page for all standard letter size copies I desire and that other publications are available at cost. I understand that records will be mailed and/or available once full payment is received by the McCleary Police Department. Any overpayment will not be applied to future requests and will not be refunded. Personal checks, debit or credit card, cashier's checks, cash, or money orders are the only accepted payment methods for public disclosure requests. Per WAC 44-14-040 failure to pickup or pay required fees will result in request to be considered abandoned after thirty days and the request to be closed.

Method by which I would like to receive the information I have requested:

Mailed to me Emailed to me at: _____ Call me and I picked it up

I certify that any lists of individuals obtained through this request for public records will not be used commercial purposes, per RCW 42.17.260 (9).

Signature _____

Date _____

THIS FORM MUST BE TURNED INTO THE POLICE DEPARTMENT FOR PROCESSING