

CAMAS POLICE DEPARTMENT

2100 NE 3rd Ave, Camas WA 98607
360-834-4151/Fax 360-834-0505
Email: police@cityofcamas.us

Request for Public Records

(We ask for photo identification in order to assess charging and redactions for your request)

Your Information (Requestor):

TODAY'S DATE: _____

NAME: _____

PHONE #: _____

ADDRESS: _____

EMAIL: _____

CITY: _____

STATE: _____

ZIP: _____

Report/Case # or Ticket #: _____

TYPE of RECORD(s) you are requesting a copy of (be specific): _____

Additional information for us to use to assist us in locating the records you are requesting:

Type of Incident: _____ Date incident occurred: _____

Names of people involved: _____

Location where incident occurred: _____

Receipt method I am requesting:

I will pick up my copy when ready (copy charges may apply)
(initials)

Inspection of record
(initials)

Email my copy when ready to: _____
(initials) (please print clearly so we can read your email address)

Mail my copy to me when ready.
(initials)

If copy costs/postage owed, PAYMENT IS DUE PRIOR TO MAILING.
Payment Rec'd by: _____ Date: _____

Per RCW 42.56, the Camas Police Department has five business days to respond to requests for public records. If the information will not be available within five business days a reasonable estimate of the time to provide the record will be given. Denials will give specific reasons for the denial. RCW 42.56 prohibits the disclosure of lists of individuals when such lists are requested for commercial purposes.

Signature of Requestor

Date

----- (Below this line for office staff use) -----

Request received by phone by: _____ Phone Request Follow-up Letter Mailed _____

Records Release Approved by: _____ ID Verified by: _____

Date: _____

(Type of Identification Provided by Requestor)

Records Released: _____

Copy of above listed records received by: _____ Date: _____