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# RIDGEFIELD POLICE DEPARTMENT

116 North Main Ave. | P.O. Box 546 | Ridgefield, WA 98642

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## PUBLIC REQUEST FOR RECORDS

\*PLEASE PROVIDE ALL INFORMATION REQUESTED

DATE REQUESTED: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

SUBJECT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TYPE OF INCIDENT: \_\_\_\_\_

YOUR RELATIONSHIP TO THE SUBJECT: \_\_\_\_\_

REQUESTER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WHAT IS REQUESTED:

Pursuant to RCW 42.56.070(8), I certify that I will not use any lists of individuals that I receive in response to this request for commercial purposes. RCW 42.56 also provides the requester be notified within five business days after receipt of a request. Response may include providing the record, an internet address or link, estimate of when documents will be ready, requesting clarification of the request or denial. I understand that fees may apply and that payment will be required before the delivery of the documents and in cases of large requests, a deposit may be required. I further understand that my request may contain information that is not discloseable pursuant to state law. If this should be the case, I will be notified in writing.

REQUESTER'S  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### OFFICE USE ONLY

RESPONSE DATE: \_\_\_\_\_

WHAT WAS SENT:

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