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) __________________ Inspection of record
     (initials)                                      (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. 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: ____________