



Snoqualmie Police Department

Perry E. Phipps
Chief of Police

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www.ci.snoqualmie.wa.us

REQUEST FOR PUBLIC RECORD

Name of Requestor: _____

Address: _____

Email Address: _____ Phone: _____

Please be as specific as possible. The Records department will be able to process your request faster if you clearly identify the records you are requesting to review and /or copy.

Would you like the records mailed to you or would you like to pick them up?

- Emailed
- Mailed
- I'll pick up. Please call me at _____
- I want to make an appointment to review the records indicated before copies are made.

REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST

Please note we have 5 days to respond to your request, which might mean we will not be able to get you the information requested within that time frame but we will be able to provide you with an approximate date it would be ready.

There will be a .15 cents per single-sided, 8 ½ x 11 page (double sided are .25 cents), electronic copies will incur the cost of the media. Postage will also be charged for any records mailed.

I agree to pay these fees at the time I pick up the record. If the record is mailed to me, I agree to be billed for the record.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.56.070(9)

Signature of Requestor

Date of Request

FOR DEPARTMENT USE ONLY:

REQUEST RECEIVED BY _____

DATE RECEIVED _____ COMMENTS _____

RECORDS PROVIDED _____

IF NOT, REASON FOR DENIAL _____

DATE COMPLETED _____ PAGES _____ COST _____