



**SEDRO-WOOLLEY POLICE DEPARTMENT**

Doug Wood, Chief

325 Metcalf Street  
 Sedro-Woolley, WA 98284  
 Phone: (360) 855-0111  
 Fax: (360) 855-0196

**DATE OF REQUEST:** \_\_\_\_\_

**SEDRO-WOOLLEY POLICE DEPT.  
 REQUEST FOR PUBLIC RECORDS**

**REQUESTED BY**

Name:

Address:

City, State, ZIP:

Phone:

**REQUESTED INFORMATION**

**INCIDENT INFORMATION**

DATE OF INCIDENT:

TIME OF INCIDENT:

LOCATION:

YOUR RELATIONSHIP TO INCIDENT:

PARTIES INVOLVED:

INVESTIGATING OFFICER:

CASE NUMBER:

**REQUESTER READ AND SIGN:**

I understand that if a list of individuals is provided me by the Sedro-Woolley 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 42.56.070(9). I further understand that requested records may be redacted in accordance with RCW 42.56.

I understand that records will be mailed and/or available once full payment is received by Sedro-Woolley Police Department. Any overpayment will not be applied to future requests and will not be refunded. I understand that in lieu of purchasing the records, I may call ahead and schedule an appointment at the location the records are being collected and inspect them at no charge.

Payments are made to the city Finance department and a receipt will be brought to the police department.

**COMPLETED BY SWPD RECORDS  
 COORDINATOR**

REPORT (first 5 pages free,  
 addtl pages \$.15 each) \$

PHOTOGRAPHS: \$

AUDIO/VIDEO TAPES: \$

CDs: \$

SUBTOTAL: \$

POSTAGE: \$

**TOTAL DUE:** \$

REQUESTER'S SIGNATURE

Date	Contacts with requestor	Contacted by