Algona Police Department

402 Warde Street, Algona, Washington 98001
(253) 833-2743 fax (253) 833-5019

PUBLIC DISCLOSURE REQUEST

DATE OF REQUEST: _____ CASE NUMBER: _____

TYPE OF INCIDENT: _____

DATE OF INCIDENT: _____

LOCATION / ADDRESS OF INCIDENT: _____

NAME OF PERSON(S) INVOLVED IN THE INCIDENT: _____

_____

YOUR NAME: _____
First Middle Initial Last Name

YOUR ADDRESS: _____ _____ _____ _____
Address CITY STATE ZIP

PHONE NUMBER(S): _____

Email Address (Optional): _____

YOUR INVOLVEMENT IN INCIDENT (Optional) (i.e., Driver, Victim, Attorney, Defendant, Etc.) _____

TYPE OF REQUEST - Incident Report(s), Crime Statistics, or Other: _____

METHOD TO RECEIVE RECORDS: __ Mailed __ Emailed __ Electronic (CD/DVD) __ Fax __ Will Pick Up

FEES: *Case Report Copies: Non-Involved Applicant - Copies over 20 pages $.15 cents per single-sided, 8-1/2" X 11" page. Other sized copies may be available at a higher cost.* RCW 42.56.070(7)(a)(8); *Involved Applicant – No Fee.*
Electronic (CD/DVD's): *Copies $5.00* AMC 2.50.100
Traffic Accidents: *Non-Involved Applicants, copies $20.00* RCW 46.52.080;46.52.083;46.52.085; *Involved Applicant – No Fee.*

I hereby declare under penalty of perjury, under the laws of the State of Washington, that the requested records shall not be used in violation of Washington State law.

SIGNATURE: _____ DATE: _____

ALGONA P.D. INFORMATION ONLY

RECEIVED BY ALGONA P.D. EMPLOYEE: _____

DATE RECEIVED: _____ TIME RECEIVED: _____

Form Revised: 09-03-2015

"Dedicated to Providing Professional Police Services with Pride and Integrity"