City of Winlock
323 N.E. First Street
PO Box 777
Winlock, WA. 98596-0777

Police Department
360-785-3891 | Fax 360-785-2035
wpdclerk@cityofwinlock.com

WINLOCK POLICE DEPARTMENT RECORDS REQUEST

Attn: Police Records Clerk

PLEASE PRINT CLEARLY

Date of Request:	Requestor Name & Organization/Business (If applicable):
Mailing Address:	Contact Phone #:
City/State/Zip:	Email Address:

INCIDENT INFORMATION

Description of record(s) requested. Please specify your request by checking the appropriate box(es) below and adding detail in the space provided, if applicable, to help us locate the record(s) for you as quickly as possible. Failure to provide information sufficient to identify the record(s) may cause delay.

Case/Ticket #:	Date/Time of Incident:	Location of Incident:
Names of involved people:		

DOCUMENTS REQUESTED

☐ Incident and supplemental reports ☐ Traffic Collision Report ☐ Other *(Specify below)*

Additional Information:

PREFERRED FORMAT

Review Only – In-person by appointment

☐ Inspect the record only (No charge for viewing records – by appointment only)

E-Mail	**Paper Copy - Select One**
☐ E-mailed to:	☐ Call/Pick-up ☐ Mail when ready

Please be advised records are subject to copying fees and are released pursuant to public disseminiation statutes, including RCW 10.97; 13.50; 42.56; 46.52.

Signature: _____ Title *(if applicable)*: _____

I understand that secondary dissemination of this information is prohibited unless in compliance with RCW 10.97 and RCW 42.56. Additionally, 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(8).

NOTE: *Please expect up to a maximum of five (5) business days for your request to be responded to by RCW 42.56.520. If your request is unclear, you may be asked to clarify what records you are seeking. If you fail to clarify your request or abandon your request, the CITY OF WINLOCK and/or WINLOCK POLICE DEPARTMENT may close your request for records per WAC 44-14-04006.*

FOR OFFICIAL USE ONLY

Date Received: Via: ☐ Email ☐ Mail ☐ In-Person Received By:

FOR OFFICIAL USE ONLY

TRACKING		
Event	**Date**	**Initials**
Request Completed		
Five-Day Notice		
First Installment		
Second Installment		
Final Installment		
Other Installment *(if needed)*		

NOTES: _____
_____
_____
_____

CHARGES

□ Routine Request/Inspection-*no charge*
□ Standard Copies # pages _____ x .15¢ = $ _____
□ Scanned Copies # pages _____ x .10¢ = $ _____
□ Electronic Files:
files/attachments (cost per **each 4)** _____ x .05¢ = $ _____
gigabytes _____ x .10¢ = $ _____
□ BWC Footage staff minutes _____ x .38¢ = $ _____
□ Accident Report $ $5.00
Postage Fee(s) $ _____
USB/Disk Fee $ _____

TOTAL CHARGE **$ _____**

The record(s) redacted pursuant to the following:

☐ **NO Redactions**
☐ **WAC 44-14-04003 (6) NO Document Exists** (do not have to create a document)
☐ **RCW 13.50.050(3,5,6,7,9,14) or RCW 7.69A.030(4)** Juvenile records:_____
☐ **RCW 42.56.230(3)** Personal information in employee, appointees, elected official files
☐ **RCW 42.56.230(5)** driver's license numbers
☐ **RCW 42.56. 240(1)** specific intelligence, investigative records (open cases) or protection of any person's right to privacy, **request is denied.**
☐ **RCW 42.56. 240(2)** Identity of complainant, victim, or witness information to a crime if disclosure would endanger life, safety, property
☐ **RCW 42.56. 240(5)** Identifying information of proven/alleged child victims (under 18) of sexual assault and any details of victim
☐ **RCW 42.56.240(14)** BWC footage essential for protection of a person's right to privacy in 42.56.050
☐ **RCW 42.56.240(14)(a)** BWC footage highly offensive to a reasonable person in 42.56.050
☐ **RCW 42.56.240(14)(i)(A)** BWC footage of any area of a medical facility
☐ **RCW 42.56.240(14)(I)** BWC footage of patient registered to receive, receiving, waiting, or being transported for treatment
☐ **RCW 42.56.240(14)(ii)** BWC footage of interior of residence where a person has reasonable expectation of privacy, intimate image, minor or deceased body
☐ **RCW 42.56.240(14)(vi)** BWC footage identify or communications from victim/witness of DV incident in 10.99.020 or sexual assault in 70.125.030
☐ **RCW 42.56.240(18)** audio/video recordings of child forensic interviews
☐ **RCW 42.56.250(2)** All applications for public employment
☐ **RCW 42.56.250(4)** Information held by a public agency in personnel records: _____
☐ **Other: RCW:** _____

Request Denied

Date Request Received _____ Date of Notification _____
The city is refusing to allow inspection or copying of the requested documents described on the reverse side of this request form.
Access to the requested public record is denied for the reason that it is clearly non-disclosable as identified in **RCW 42.56.210**, or certain portions have been withheld pursuant to **RCW 42.56.230**.

(Provide a brief explanation of how the exemption applies to the record withheld.)

_____
_____
Signature of Public Records Officer or Designee