REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

MORTON POLICE DEPARTMENT

260 Main Ave/PO BOX 1089, Morton, Washington 98356
Ph: 360.496.6636 mortonpd@lewiscounty.com

Date of Request:_____

Name of Requesting Party:_____

Address of Requesting Party:_____

Phone Number of Requesting Party:_____

Email Address of Requesting Party:_____

Records Requested:_____

Title of Record:_____

Date of Record:_____

(Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible)

_____

_____

Number of copies: _____ (Fee per page is $.15 per page (scanned, copied, emailed)

Signature of Requestor: _____

_____ _____

Valid Identification *Verification by Signature & Title*

Administrative exceptions:

[ ] Your request has been denied for the following reasons:

_____

[ ] Your request is available with redactions for the following reasons:

_____

Preparer Signature and Title: _____ *Date:* _____