



City of Union Gap

POLICE DEPARTMENT

1800 Rainier Pl Union Gap, WA 98903
PHONE 509.248.0430 FAX 509.452.5099

Public Records Request

Date Received: _____

Case Number: _____ (Only 1 case/request)

Received By: _____

Agency/Firm: _____

Name of Requestor: _____

Address: _____ State: _____ Zip Code: _____

City: _____ Phone: _____

****If the requested document(s) are not picked up within one (1) year of notification, they will be destroyed. After that time, a new request will be required to obtain the document(s).**

I certify that any information received will not be used for commercial purposes pursuant to RCW 42.17.260 (7).

Requestor signature: _____

Record Request:

- ☐ Police Case Report-Type of Incident: _____
- ☐ Report needed for Civil Redress pursuant to RCW 10.97.070 (1)-Relationship to incident: _____
- ☐ Traffic Accident/Collision Report: _____
- ☐ Other-Specify: _____

If Case/Incident number is unknown, please provide date/time/location/details of incident:

***There will be a fee of \$0.15 per page to assess this public records request.**

FOR OFFICIAL USE ONLY – AGENCY RESPONSE –FOR OFFICIAL USE ONLY

Letter sent: _____ Expected Completion: _____

Signature Line: _____

Date Completed: _____ Completed By: _____

Delivery Mode: _____ Fee Due: _____



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PHONE 509.248.0430 FAX 509.452.5099

FOR OFFICIAL USE ONLY – Union Gap Police Department Records

Case Number: _____

Requestor: _____

Agency/Firm: _____

The record you requested is subject to State Disclosure Law and may be redacted pursuant to the following:

- ☐ **No Redactions.**
- ☐ **RCW 10.97.70** Information has been provided to assist with civil redress.
- ☐ **RCW 42.56.050** Personal identifiers not of legitimate concern to the public (includes social security numbers).
- ☐ **RCW 42.56.240** Active police investigation. **Request has been denied.**
- ☐ **RCW 42.56.240 (1)** Record contains specific intelligence information the non-disclosure of which is essential to effective law enforcement.
- ☐ **RCW 42.56.240 (2)** Complainant, victim or witness requested non-disclosure.
- ☐ **RCW 42.56.240 (5)** Identifying information on child victims of sexual assault prohibited.
- ☐ **RCW 10.97.050** Non-conviction data protected under Criminal Records Privacy Act.
- ☐ **RCW 13.50.050** Record contains confidential juvenile information not relating to the commission of a juvenile offense.
- ☐ **RCW 7.69A.030 (4)** Child victim or witness information restricted.
- ☐ **RCW 46.12.380** D.O.L. driver and/or vehicle registrations protected.
- ☐ **RCW 70.02.005, 42.56.230 & 42.56.360** Contains confidential medical information.
- ☐ **RCW 46.61.506 (7)** BAC/Breathalyzer results available only to subject or his/her attorney.

Other: RCW:

Text:

If you believe the information furnished has been incorrectly redacted or is incomplete, you may file a written appeal. The appeal must include your name and address , a copy of the redacted document and a copy of this form together with a brief statement identifying the basis of the appeal. Please mail your appeal to:

Union Gap Police Department
ATTN: Records Department
1800 Rainier Place
Union Gap, WA 98903