

Public Records Request

La Center Police

lcpdrecords@lacenterpd.org

Name: _____ **Phone:** _____

Address: _____
Street City State Zip

Wish to: Inspect Receive Copy

Preferred Delivery: Mail Pick up Email: _____

Record Requested:

- Police Case Report – Case #/Type of Incident _____
- Traffic Collision Report – Case # _____
- Other – Specify: _____

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

Signature of Requestor **Date**

Per RCW 42.56.520: Agency has 5 business days for an initial response

FOR OFFICE USE ONLY BELOW THIS LINE

Records Received By:

Signature: _____ Date: _____

Driver's License No.: _____ State: _____

Agency Response:

- Allow Access with no redaction or exemption
- Allow Access with redaction or exemption, explanation attached to record
- Deny Access, record exempt, explanation attached to record
- Other: _____
- We do not have the requested record(s): _____

Requestor Notified:

Date: _____ Time: _____ By: _____
Initials/PSN

- Phone Mail E-mail In Person

Released by: _____ PSN: _____ Date: _____