

Office of Administration



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

We will respond to your request within 5 business days and provide you with a reasonable time estimate necessary to respond.

Section A - Requestor Information		
Requestor Name	Phone Number	Today's Date
Mailing Address		City, State, Zip Code
Email Address		
Section B - Records Request		
This is a request to : <input type="checkbox"/> Inspect <input type="checkbox"/> Copy the records described below		
Steilacoom Public Safety is committed to responding to your request for public disclosure in an efficient and prompt manner. In order for us to process your request, we need a clear, specific description of the records that you are requesting. Please do so below:		
_____ _____ _____		
Special Handling: <input type="checkbox"/> Please mail copies <input type="checkbox"/> Please hold for pick-up		
Request was Made: <input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By mail: (attach request)		
I agree to pay a reasonable standard charge of \$0.15 per page plus the cost of mailing and to pay the fees upon receipt of the records.		
_____ Signature of Requestor		_____ Date
Section C - Department Use Only		
Staff Receiving Request:	_____	Date: _____
Staff Responding to Request:	_____	Date: _____
5 Day Response Sent:	_____	Date: _____
Further Response:	_____	Date: _____
Record Disclosed:	_____	Date: _____
Section D - Invoice		
# of Copies: _____	x \$0.15 per page	= _____
Additional Charges: _____		= _____
Additional Charges: _____		= _____
		TOTAL COST _____
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Payment Received: _____	
Installment Payments: 1) _____ 2) _____ 3) _____ 4) _____		