



CITY OF ROYAL CITY REQUEST FOR PUBLIC RECORDS

REQUEST FOR: PUBLIC RECORD CRIMINAL HISTORY ACCIDENT REPORT CASE REPORT

PURPOSE: COURT INSURANCE PERSONAL USE OTHER

REQUESTED BY:

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOB ____/____/____ HOME OR CELL PHONE _____

INDIVIDUAL REQUESTED ON:

LAST NAME _____ FIRST _____ MIDDLE _____

DOB ____/____/____ RACE _____ SEX _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

INFORMATION REQUESTED: REQUEST COPIES REVIEW ONLY **Please be very specific in the records that you are requesting and any additional information that will help us locate said record. If you wish for the City to make copies for you and/or mail the copies to you there will be a charge in addition to the per page copy charge of actual postage cost.**

Records request will be processed within five (5) working days from the day it is received. This form must be completed per RCW 42.56.010.

A rate for making copies by city staff shall be fifteen cents (\$.15) per page.

Any records may not be revealed to any other individual and or agency, or used for any other purpose than stated on this form, without the consent of the Royal City Police Department.

****When requesting criminal history, be advised that you will only receive involvements with the Royal City Police Department. For a complete criminal history, please contact Washington State Patrol's Criminal History Section at 360-705-5100.**

I hereby certify on oath and under penalty of the law that if a list of individuals is obtained through this request for public records I will not use that information for commercial purposes.

Signature _____ Date _____

DATE REC'D ____/____/____ RECEIVED BY: _____ FORWARD TO: _____ RESPOND BY: ____/____/____

RELEASED: YES NO DATE RELEASED ____/____/____ DENIED: YES NO ____/____/____

FEES: Copy Charge for ____ pages @.15 \$ _____ Other Fees \$ _____ TOTAL FEE \$ _____ PAID YES NO

RECIEPT #: _____ COMMENTS: _____