

## Walla Walla Police Department - Public Records Request

Name of Requestor:	
Mailing Address: (include City, State and Zip Code)	
Contact Phone Number:	
Date:	
Requestor Signature:	

Please check only one box:  I wish to inspect/view the records at no cost to me.  
 I wish to have photocopies of the records per the posted fee schedule.

Report Number:	
Description of requested documents: Date/Time/Type of Incident/Involved Parties/Location of Incident.	
I do hereby swear and affirm on oath and under penalty of law that I will not use the requested records for commercial purposes and that I will prevent others from using the records for commercial purposes.	I understand that Washington State law, RCW 42.56.070(9) prohibits the use of lists of individuals for commercial purposes and that the use for commercial purposes of these records may also violate the rights of the individuals named and may subject me to liability for such commercial use. I understand that "commercial purposes" means that the person requesting the record intends or permits the list to be used to communicate with the individuals named in the records for the purpose of facilitating profit-expecting activity.

### \*\* FOR WWPDP USE ONLY \*\*

Date Received:	** COSTS **
Received By:	Initial Report (1 <sup>st</sup> ten pages): <span style="float: right;">\$5.00</span>
Phone <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/>	Additional Pages: _____ x .15/per page =
Processed By: _____ Date: _____	Colored Photographs: _____ x \$1.00/per page =
Released: Yes <input type="checkbox"/> No <input type="checkbox"/>	Audio/Video Discs: _____ x \$10.00/each =
Released By: _____ Date: _____	Total Fee Charged _____ =
Reason for waiving fee:	

**PLEASE MAIL THIS FORM BACK ALONG WITH A \$ \_\_\_\_\_ CHECK TO:**

**WALLA WALLA POLICE DEPARTMENT – RECORDS DIVISION  
54 E MOORE ST., WALLA WALLA, WA 99362**