



Walla	☐ Request for City Department Records ☐ Request for Walla Walla Police Records
Name of Requestor:	
Mailing Address: (include City, State and Zip Code)	
Phone Number:	
Email:	
Date:	
Description of requested documents:	
Author, recipient, title, and pertinent dates. If this request is for police	
records, please provide report number and description, including	
date, time, involved parties, and location of incident.	
(WWPD Requests) Report Number:	
I understand that Washington State law, RC purposes of these records may also violate	learch is limited to our Records Management System (LERMS) unless otherwise requested. SW 42.56.070(9) prohibits the use of lists of individuals for commercial purposes and that the use for commercial the rights of the individuals named and may subject me to liability for such commercial use. I understand that on requesting the record intends or permits the list to be used to communicate with the individuals named in the records g activity.
I do herby swear and affirm on oath and und using the records for commercial purposes.	er penalty of law that I will not use the requested records for commercial purposes and that I will prevent others from
Signature:	
Please indicate below how would Inspect the records (no o	ld you like to receive or view the records: charge)

PLEASE SUBMIT THIS FORM TO:

Receive electronic copies via email or shared folder (May be subject to applicable fees)

Receive paper copies via (*select one*)  $\square$  **Mail**  $\square$  **Pick Up** (May be subject to applicable fees) Receive electronic copies via (*select one*)  $\square$  **Flash Drive**  $\square$  **CD/DVD** (Actual costs may be charged)

CITY DEPARTMENT RECORDS
ATTN: City Clerk
15 N 3RD AVE
WALLA WALLA, WA 99362
509-527-7933-Fax
publicrecords@wallawallawa.gov

WALLA WALLA POLICE DEPARTMENT ATTN: Records Section 54 E MOORE ST WALLA WALLA, WA 99362 509-525-5057-FAX wwpdrecords@wallawallawa.gov