



West Richland Police Dept
7920 W Van Giesen St
West Richland, WA 99353
509-967-3425
509-967-2251 (Fax)

RECORDS DISCLOSURE REQUEST

DATE OF REQUEST _____ CASE NUMBER _____

TYPE OF INCIDENT _____

TIME OF REQUEST _____ DATE OF INCIDENT _____

LOCATION OF INCIDENT _____

RECEIVED BY: FAX FRONT COUNTER MAIL PHONE

NAME OF PERSON INVOLVED IN CASE _____

YOUR NAME: _____
PRINT FULL NAME SIGNATURE

ADDRESS _____

PHONE NUMBER (DAY) _____ (EVENING) _____

YOUR INVOLVEMENT IN CASE: _____

I understand that the City of West Richland may impose a reasonable charge for requested documents as authorized by state law.

FOR OFFICIAL USE ONLY

Reviewed By: _____ Date: _____ Approved Yes No

Number of Reports _____ Number of pages _____ Amount _____

Released By _____ Date _____