

# PORT ANGELES POLICE DEPARTMENT

## Records Request

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Description of record requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

There may be a charge associated with this request. By signing below, you agree that the City of Port Angeles may charge such fees and that payment of such fees is a condition precedent to delivery of the requested records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(All spaces on this form must be completed)

Your request will be submitted to the Records Supervisor. You will receive a response to your request within five (5) business days (of receipt).



Port Angeles Police Department  
321 East Fifth Street  
Port Angeles, WA 98362  
Records Division: 360.417.4915  
FAX: 360.417.4537

**For Department use only**

**ACTION TAKEN:**

Request approved by:

\_\_\_\_\_ (Records Supervisor or designee) (Date)

Request denied by:

\_\_\_\_\_ (Records Supervisor or designee) (Date)

Portion of request denied by:

\_\_\_\_\_ (Records Supervisor or designee) (Date)

Reason for denial:

\_\_\_\_\_ (Records Supervisor or designee) (Date)

**COST DATA:**

Printed documents

\_\_\_\_\_ pages @ \$0.15 per page (on requests of 10 or more pages) \$ \_\_\_\_\_

Color photos

\_\_\_\_\_ pages @ \$0.25 per page \$ \_\_\_\_\_

CDs @ \$5.00 each \$ \_\_\_\_\_

DVDs @ \$20.00 \$ \_\_\_\_\_

Other Fees\* \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

Requestor contacted regarding fee amount on \_\_\_\_\_ by \_\_\_\_\_

Fees collected on \_\_\_\_\_ by \_\_\_\_\_

Documents provided to requestor on \_\_\_\_\_ by \_\_\_\_\_

“Five-day letter” (if sent) sent by \_\_\_\_\_ on \_\_\_\_\_.

\*Depending on the type records and format requested, other fees may apply, as outlined in Port Angeles Municipal Code (PAMC) 3.70.010(D1).