



RECORDS DISCLOSURE REQUEST

DATE OF REQUEST _____ CASE NUMBER _____

TYPE OF INCIDENT _____

TIME OF REQUEST _____ DATE OF INCIDENT _____

LOCATION OF INCIDENT _____

- ITEMS REQUESTED: REPORT ONLY
 PHOTOS (If available)
 VIDEOS (NOT Body Worn Camera*)
 ALL AVAILABLE ITEMS

*Body Worn Camera Records Request requires a separate form and additional fees.

If you would like to receive your report electronically, please provide e-mail address. All photo & video requests require e-mail:

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 _____