## Vancouver Police Department REQUEST FOR DISCLOSURE OF PUBLIC RECORDS



DATE:	PHONE (during normal business hours):		
NAME:			
COMPANY (if any):		EMAIL:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
process your request if you clearly ident sufficiently identifiable to enable us to la topics, departments, or people involved	tify the record(s) you are ocate the record(s) you s , it will better assist us in	e seeking. Your descrip seek. If you can identif the search for your re	olic records request. We will be better able tion of the record(s) must be reasonably an y specific dates, locations, buildings, premi quested record(s). The City has no duty to so that the information is in a form that is
			d, the type of offense, the location ttach additional pages, if needed.
HOW DO YOU WANT THE RECOR	DS PROVIDED? (Che	eck one)	
required.	ddress above. Please copies may be sent to	note we do charge o an outside vendor	
SIGNATURE:			DATE:

For your convenience you can submit your request online at cityofvancouver.us/records or hand deliver, mail, fax or email this form to:

Vancouver Police Department, NE 2800 Stapleton Rd., P.O. Box 1995, Vancouver, WA 98668-1995

Phone: 360-487-7398 | Fax: 360-695-3530 | Email: vpdpdr@cityofvancouver.us

Note that by emailing your request, you are certifying that any lists of individuals obtained through your request for public records will not be used for commercial purposes.