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 iden sufficiently identifiable to enable us to topics, departments, or people involved	tify the record(s) you are locate the record(s) you s d, it will better assist us in	e seeking. Your de seek. If you can ide the search for you	r public records request. We will be bette scription of the record(s) must be reason entify specific dates, locations, buildings, ur requested record(s). The City has no d ords so that the information is in a form	ably and premises, luty to
			olved, the type of offense, the locator or attach additional pages, if need	
HOW DO YOU WANT THE RECOR	RDS PROVIDED? (Che	eck one)		
	ddress above. Please	note we do cha	able. rge \$.15 per page plus postage fo dor for reproduction. A deposit may	
☐ Inspection: Inspect the request make requests for paper copie	-	during normal o	ffice hours. At the time of inspection,	you can
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.