

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS



Troy Price
Chief of Police



DATE:	PHONE:	
NAME:		
EMAIL:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

RECORDS REQUESTED: *Please be as specific as possible when completing your public records request.*

Incident/Report/Case Number: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Involved Parties (if known, with date of birth): _____

Type of Record:

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Police Report and Supplemental Reports | <input type="checkbox"/> Body-worn Camera Video |
| <input type="checkbox"/> Attached Supporting Documents | <input type="checkbox"/> In-Car Camera Video |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Other Video (such as surveillance) |
| <input type="checkbox"/> Other: _____ | |

Describe the Record(s) Requested: _____

HOW DO YOU WANT THE RECORDS PROVIDED? (Check one)

- Email:** Receive digital copies of the requested records.
 - Mailed paper copies*:** Mailed to the provided address.
 - Pick up paper copies*:** Receive a phone call when paper copies are available for pick-up in person.
- *Please note, copying and mailing costs may be charged in advance.
- Inspection:** Inspect the requested records in person during normal business hours.

Please hand-deliver, mail, fax, or email this form to: Vancouver Police Department, 2800 NE Stapleton Rd., P.O. Box 1995, Vancouver, WA 98668-1995 | Phone: 360-487-7398 | Fax: 360-695-3530 | Email: vpdpdr@cityofvancouver.us.

For your convenience, you can alternatively submit your request online at cityofvancouver.us/records.