



WINLOCK POLICE DEPARTMENT PUBLIC RECORDS REQUEST

Attn: Police Records Clerk

Date Received: _____ via: Email Mail In Person Received By: _____

Requestors Name: _____

Organization/Business (if applicable): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Record(s) Requested (please include record details, document title, name(s) and /or date(s), as best known and any additional information to help locate the record(s): _____

Police Case Report(s) (provide case #, if known): _____ Type of Incident (if known, provide date/time/location /any details): _____

Police Body Worn Camera (BWC) Footage (per RCW 42.56.240(14)(d)(i-iv) you must provide the following information):

Case # _____ Name of officer(s) involved in incident: _____

Name of person(s) involved in the incident: _____

Date/time/location(s) of incident: _____

If you are requesting BWC footage, there will be a fee of .38¢ per staff minute of redaction time unless your involvement is listed under RCW 42.56.210(14)(e)(i). If you are an attorney and are seeking relief from redaction costs, please provide proof you represent the individual in the footage, such as a notice of appearance or client letter, along with an explanation of the relevancy of the requested recording to the cause of action. **A 10% deposit may be required.**

Identification verification may be required (per RCW 42.56.240(14)(iii)):

Any person requesting BWC footage may be required to identify him or herself to ensure he or she is entitled to obtain the BWC footage, the city may require a requestor to provide proof that he or she is that person. Failure of a requestor to provide adequate proof of his or her identity in such circumstances is grounds to deny the request.

I request to receive the record(s) by:

- | | |
|---|---|
| <input type="checkbox"/> Inspect the record(s) at no charge (appointment required) | Date & Time: _____ |
| <input type="checkbox"/> Inspect record(s) and then copy selected page(s) (appointment required) | Date & Time: _____ |
| <input type="checkbox"/> Standard photocopy(s) – Fee .15¢ per page | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Accident Report Copy(s) – Fee. \$5.00 per report | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Electronic copy(s) of scanned record(s) – Fee .10¢ per page | <input type="checkbox"/> Email |
| <input type="checkbox"/> Electronic file(s) – Fee .05¢ per each 4 files/attachments | <input type="checkbox"/> Email |
| <input type="checkbox"/> Electronic file(s) – Fee .10¢ per gigabyte to transfer files/attachments | <input type="checkbox"/> Email |
| <input type="checkbox"/> BWC Footage – Fee .38¢ per minute of redaction time | <input type="checkbox"/> Email |
| | <input type="checkbox"/> Mail (mailing & postage costs apply) |
| | <input type="checkbox"/> Mail |
| | <input type="checkbox"/> USB/Disk (USB/disk costs apply) |
| | <input type="checkbox"/> USB/Disk (USB/disk costs apply) |
| | <input type="checkbox"/> USB/Disk (USB/disk costs apply) |
| | <input type="checkbox"/> USB/Disk (USB/disk costs apply) |

NOTE: Please expect up to a maximum of five (5) business days for your request to be responded to. If your request is unclear, you may be asked to clarify what records you are seeking. If you fail to clarify your request or abandon your request, the CITY OF WINLOCK and/or WINLOCK POLICE DEPARTMENT may close your request for records per **RCW 42.53.520**.

I understand that secondary dissemination of this information is prohibited unless in compliance with RCW 10.97 and RCW 42.56. Additionally, I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes per RCW 42.56.070(8).

Signature: _____ Title (if applicable): _____

FOR OFFICIAL USE ONLY

TRACKING		
Event	Date	Initials
Request Completed		
Five-Day Notice		
First Installment		
Second Installment		
Final Installment		
Other Installment <i>(if needed)</i>		

CHARGES		
<input type="checkbox"/> Routine Request- <i>no charge</i>		
<input type="checkbox"/> Standard Copies	# pages _____ x	.15¢ = \$ _____
<input type="checkbox"/> Scanned Copies	# pages _____ x	.10¢ = \$ _____
<input type="checkbox"/> Electronic Files:		
	# files/attachments _____ x	.05¢ = \$ _____
	# gigabytes _____ x	.10¢ = \$ _____
<input type="checkbox"/> BWC Footage	staff minutes _____ x	.38¢ = \$ _____
<input type="checkbox"/> Accident Report		\$ <u>5.00</u>
Postage Fee(s)		\$ _____
USB/Disk Fee		\$ _____
TOTAL CHARGE		\$ _____

NOTES: _____

The record(s) redacted pursuant to the following:

- NO Redactions**
- WAC 44-14-04003 (6) NO Document Exists** (do not have to create a document)
- RCW 13.50.050(3,5,6,7,9,14)** Juvenile records: _____
- RCW 42.56.230(3)** Personal information in employee, appointees, elected official files
- RCW 42.56.230(5)** driver's license numbers
- RCW 42.56. 240(1)** specific intelligence, investigative records (open cases) or protection of any person's right to privacy, **request is denied.**
- RCW 42.56. 240(2)** Identity of complainant, victim, or witness information to a crime if disclosure would endanger life, safety, property
- RCW 42.56. 240(5)** Identifying information of proven/alleged child victims (under 18) of sexual assault and any details of victim
- RCW 42.56.240(14)** BWC footage essential for protection of a person's right to privacy in 42.56.050
- RCW 42.56.240(14)(a)** BWC footage highly offensive to a reasonable person in 42.56.050
- RCW 42.56.240(14)(i)(A)** BWC footage of any area of a medical facility
- RCW 42.56.240(14)(I)** BWC footage of patient registered to receive, receiving, waiting, or being transported for treatment
- RCW 42.56.240(14)(ii)** BWC footage of interior of residence where a person has reasonable expectation of privacy, intimate image, minor or deceased body
- RCW 42.56.240(14)(vi)** BWC footage identify or communications from victim/witness of DV incident in 10.99.020 or sexual assault in 70.125.030
- RCW 42.56.240(18)** audio/video recordings of child forensic interviews
- RCW 42.56.250(2)** All applications for public employment
- RCW 42.56.250(4)** Information held by a public agency in personnel records: _____
- Other: RCW:** _____

Request Denied

Date Request Received _____ Date of Notification _____

The city is refusing to allow inspection or copying of the requested documents described on the reverse side of this request form. Access to the requested public record is denied for the reason that it is clearly non-disclosable as identified in **RCW 42.56.210**, or certain portions have been withheld pursuant to **RCW 42.56.230**.

(Provide a brief explanation of how the exemption applies to the record withheld.)

 Signature of Public Records Officer or Designee