



Napavine Police Department

407 Birch Ave SW/ P. O. Box 179, Napavine, WA 98565

Phone (360)262-9888 Fax (360) 262-9885

Website: www.cityofnapavine.com

REQUEST FOR POLICE REPORT

Date: _____ Case Number (If available): _____

Name of Requestor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Reason for Request: _____

Upon Locating Documents Please Send Via: _____

In some circumstances the processing of your request or an official response to your request may take up to five (5) working business days.

******There is a \$0.15 charge per page for public records******

Please check the record you are requesting or specify if other is selected:

NOTE: If your request is unclear, you may be asked later to clarify what records you are seeking. If you fail to clarify your request or abandon your request, the Napavine Police Department may close your request for records.

RCW 42.56.520 & 42.56.040. If you have a question that you are seeking an answer to and are not seeking a specific document, please do not use this form and instead pose your question(s) to the appropriate personnel.

- Narrative Police Report**
- Photos**
- Accident Report**
- Other Description of Record Requested ***If no case number, include dates as best known. Failure to adequately identify records may cause delay or an incomplete response.**



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RECEIPT FOR POLICE REPORT COPY

I understand that using public documents that contain lists of individuals for commercial purpose violates Washington State Law and the privacy rights of such individuals. I understand that “commercial purposes” means, at a minimum, that such lists will be used to contact or affect individuals to facilitate profit-seeking activity. I agree not to use the above-requested document(s) for commercial purposes and I acknowledge an affirmative duty to prevent others from so doing.

The undersigned, by his/her signature hereon, acknowledges receipt of the documents requested from the Napavine Police Department and I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

DATED this _____ day of _____, 20_____

Signature: _____

OFFICE USE ONLY

Date/Action Taken _____

Approved _____

Receipt # _____ *Amount \$* _____ *Processed by:* _____