



Napavine Police Department

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

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

Website: www.napavine.wa.gov

REQUEST FOR POLICE REPORT

Date: _____ Case Number (If available): _____

Name: _____ 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 may take up to five(5) working business days

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

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

- Narrative Report
- Photos
- Accident Report
- Other _____

This agency is not authorized to provide public records consisting of a list of individuals for commercial use.

RECEIPT FOR POLICE REPORT COPY

The undersigned, by his/her signature hereon, acknowledges receipt of the documents requested from the Napavine Police Department.

DATED this _____ day of _____, 20_____.

Signature: _____