



UNIVERSITY POLICE DEPARTMENT

2001 Bill McDonald Parkway, Bellingham, WA 98225
Business: (360) 650-3555 / Fax: (360) 650-3367
Darin Rasmussen, Director/Chief of Police



REQUEST FOR PUBLIC RECORDS Per Revised Code of Washington 42.56

Section 1 Completed by requester, or by employee receiving the request if generated otherwise
Section 2 Completed by Employee preparing request response.
Section 3 Completed by employee making notification to requester.

This completed for is an open public document and may be released to any requestor unless exempt by law.

Section 1: Records Request

Name of Requestor:		Phone:		Email Address:	
Address:		City:		State:	Zip:
To assist with record identification, please include case number or dates, type of incident, specific information sought, names of those involved, if known. I wish to: <input type="checkbox"/> Inspect <input type="checkbox"/> Receive a copy of the following record(s): _____ _____ _____ _____ _____ _____ _____ _____				Request Made: <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> By Fax <input type="checkbox"/> By Mail <input type="checkbox"/> By Email Attach Request	
Requestor Signature:				Date:	

SECTION 2: Agency Response

<input type="checkbox"/> ALLOW ACCESS Charges applied for copies over 30 pages.	_____ Pgs @ \$.15 = \$_____
<input type="checkbox"/> DELETIONS DESCRIBED IN ATTACHED RESPONSE	
<input type="checkbox"/> DENY ACCESS	Postage \$_____
<input type="checkbox"/> REFER TO PROSECUTOR (City 778-8290 or County 676-6784)	
<input type="checkbox"/> WE DO NOT HAVE THE RECORD(S)	TOTAL DUE \$_____
Employee Name and Number Preparing Response:	
Date:	

SECTION 3: Requester Notification

Name of Person Notified:		Date:	Time:
Notification Made Via: <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email		Employee Name and Number Making Notification:	