



# BLACK DIAMOND POLICE DEPT

## Public Records Request Form

Mailing Address: PO Box 309 - Physical Address: 25510 Lawson Street  
Black Diamond, WA 98010

Phone: 360.851.4450 - Fax: 360.851.4451

Note: The Black Diamond Police Department will attempt to meet your request as soon as possible within time and availability constraints. If the record(s) is not readily available you will be notified within five (5) working days as to when the records(s) will be available. There may be a charge for the record(s) you are requesting.

***\*\*Please note payment for copies is .15¢ per page. Fees must be paid before release of documents.***

To Be Completed by Requestor

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Record(s) you are requesting (please be specific, include titles and dates) below:

\_\_\_\_\_

How do you want the records(s) made available?

Review at Police Dept: ☐

Copy provided: ☐

Washington State law restricts certain uses of public records, including but not limited to RCW 42.17.260 (9) prohibiting using lists of individuals for commercial purposes. I hereby declare under penalty of perjury and the laws of the State of Washington that the requested records shall not be used in violation of State law.

I understand that the record I am requesting is subject to State disclosure law and not all criminal record information is disclosable per RCW 10.97.050. Requested records may be redacted in accordance with RCW 42.56 or other statutes as applicable.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only

Employee receiving request: \_\_\_\_\_ Date received: \_\_\_\_\_

Disclosure Request Tracking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final action: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Released to: \_\_\_\_\_ Date: \_\_\_\_\_

Total Pages: \_\_\_\_\_

Amount due: \_\_\_\_\_

Date paid: \_\_\_\_\_

Received by: \_\_\_\_\_