



Lacey Police Public Record Request

INSTRUCTIONS: Complete this form and present in person at the LPD front counter located at 420 College St SE, Lacey Monday – Friday 8:00am – 5:00pm. You may also mail or fax the completed form to: Lacey Police – Records Division, 420 College St SE Lacey, WA 98503, fax (360)456-7798, along with a copy of your photo identification. Email requests may be submitted to supportservices@ci.lacey.wa.us.

Requested by			
Name of Requestor:	Date of birth:	Case or Ticket Number:	
Mailing Address:	Contact Phone #:		
City:	State:	Zip:	
Incident Information			
Please specify your request by filling in and checking the appropriate box(es) below and add any additional information that will help us locate the record(s) for you as quickly as possible. Failure to provide information sufficient to identify the record(s) may cause a delay.			
Date of incident:	Time of incident:	Address of incident:	
<input type="checkbox"/> Incident Report	<input type="checkbox"/> Police Call Printout	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other:
Additional Information:			

If records are NOT available at the time of request, I prefer to receive these records in the following format:		
<input type="checkbox"/> Emailed to:	<input type="checkbox"/> Paper Copy Please <input type="checkbox"/> call/ <input type="checkbox"/> mail when ready	<input type="checkbox"/> View by appointment

I understand that Washington State Law (RCW 42.56) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use this request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the information I am obtaining.	
Requestor's Signature: X	Date of request:

NOTE: Please consider this your 5-day response as required by RCW 42.56.520. It could take up to 30 business days following acceptance of your completed request for you to receive an incident report or response. Please also be advised records are subject to copying fees and are released pursuant to public records dissemination statutes, including RCW 10.97; 13.50; 42.56; 46.52.

Official Use Only					
Request received via:	<input type="checkbox"/> Counter	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail
Received by:	_____		Date received:	_____	
Assigned to:	<input type="checkbox"/> LCA/Prosecutor	<input type="checkbox"/> Records	Date assigned:	_____	
Date request completed:	_____		Date requestor notified:	_____	
Locations searched:	<input type="checkbox"/> AEGIS	<input type="checkbox"/> CAD	<input type="checkbox"/> Follow-ups	<input type="checkbox"/> Records Room	
Date provided:	# of pages:	Fee due letter:	Amount due:	Payment received:	