



Public Records Request Form

Please print clearly in ink or complete electronically

Date of Request: _____

Requestor's Information

Name: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Specific Records Requested (Please provide as much information as possible):

Police/Fire Case Number: _____ Agency: _____ Date of Incident: _____ Time of Incident: _____

Type of Incident: _____

Incident Phone Number: _____

Address/Location of Incident: _____

Request is for:

Inspection only Copy Inspection, then copy of selected pages: _____

Type of Request:

Paperwork Radio Traffic Phone Calls Other (please specify): _____

Any additional Information that will help us locate the request: _____

Date Desired (most requests are filled within 5 business days): _____

Limitation on use for Commercial Properties: Washington State Law (RCW 42.56.070 (9)) prohibits the use of lists of individuals for commercial purposes. "Commercial Purposes" means that the person requesting the record intends the list will be used to communicate with the individuals named in the records for the purpose of facilitation profit-expecting activity. By signing below, you are certifying that the lists of individuals obtained through the request for public records will not be used for commercial purposes.

Requestor Signature: _____

North East King County Regional Public Safety Communications Agency
P.O. Box 50911 • Bellevue, WA 98015-0911

Public Records Officer: 425-577-5678 • Fax: 425-577-5629 • email: publicrecordsofficer@norcom.org

***** For NORCOM Use Only *****

Date Request Received: _____ Date Completed: _____

Number of pages copied (10 or more): _____ x \$.15 = \$_____

Number of CDs: _____ x \$20 for 1st CD = \$_____

_____ x \$3 for additional CDs = \$_____

Other Fees (Specify): _____ x \$_____ = \$_____

Total Charge = \$_____

Public Records Not Provided

Requested Documents Not Found

Documents or Portions of the Documents Exempt (See Log Below)

Exempted or Redacted Documents

<u>Document Type/Description</u>	<u>Date</u>	<u>Author or Recipient</u>	<u>Exemption/Basis</u>	<u># of Pages</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Event	Date	Initials
Date Requested		
Request Circulated		
Five-Day Notice Sent		
Date for 1 st Installment		
1 st Installment Provided		
Other Installments Provided		
Response Completed		
Request to be Managed by		

Requestors Fax: _____ Type of Incident: _____