



CITY OF
SUMNER
WASHINGTON

PUBLIC DISCLOSURE REQUEST (POLICE)

Today's Date and Time:

Your Name:

Your Address:

Contact Phone(s):

Email (optional):

PLEASE PLAN ACCORDINGLY – PROCESSING TIMES VARY DUE TO DEMAND AND COMPLEXITY

Basic requests are usually fulfilled within five days.

For larger or more complex requests, a reasonable time estimate for delivery will be provided within five days.

Case Number:

I don't know the case number

What type of record are you requesting?

Sumner Police Case Report

Traffic Collision Report

Metro Animal Services Case Report

Other (specify below or attach request)

Please help us identify the appropriate record by providing as much specific information as possible:

Address/location of incident:

Type of incident:

Date of incident (or time-frame):

Name(s) of involved parties:

Your involvement:

Other request/additional info:

OFFICIAL USE ONLY

Reviewed by: _____ Date completed: _____ Date disseminated: _____ Cost: _____

Records released: _____ No. of pages: _____

Records declined by requestor: _____

Notes: _____

Entry into tracking database Scanned No scan (No RMS Report) (rev 12/2016)