



# Soap Lake Police Department

223 2<sup>nd</sup> Avenue SE, POB 1270  
Soap Lake, Washington 98851  
PHONE: (509) 246 - 1122



## REQUEST FOR ACCESS TO PUBLIC RECORDS

REQUESTOR'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ OFFENSE/SUBJECT: \_\_\_\_\_

DESCRIPTION: (Specifically describe what you need)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify on oath and under penalty of law that if a list of individuals is obtained through this request for public records, and acknowledging by my signature below that Washington law prohibits use of the information for commercial purposes, that I shall not, nor shall I allow others to use the requested information for commercial purposes. I also affirm by my signature below that I will protect and hold harmless the City of Soap Lake, the Soap Lake Police Department, and its agents and employees from any claims arising from the commercial use of said records.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

You will receive a response from the Soap Lake Police Department within 1-5 business days. If we need additional time to fulfill your request you will be contacted via email, mail, or telephoned to be informed.

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Copy Charge: \_\_\_\_ pages @ \$0.15= \_\_\_\_\_

Received By: \_\_\_\_\_

Total Fees: \_\_\_\_\_

Response By: \_\_\_\_\_

Action: Hand Delivered

Date of Response: \_\_\_\_\_

Mailed  E-mailed

Number of Pages: \_\_\_\_\_

Receipt No.: \_\_\_\_\_