

INTERNAL USE ONLY
Hours to Complete: _____

INTERNAL USE ONLY
PDR #: _____

PUBLIC DISCLOSURE REQUEST
EWU POLICE DEPARTMENT
820 Washington St. Cheney, WA 99004
Phone: (509) 359-6498 Fax: (509) 359-6054

REQUESTOR INFORMATION

Requested by: _____ Date: _____

Contact Phone #: _____ Email Address: _____

Mailing Address: _____ City/State: _____ Zip: _____

Involvement or Relationship to Incident: _____

If you are an attorney or insurance company, please list client's name: _____

How would you prefer to receive your documents? Mail Email Pick up Other _____

If receiving by mail or picking up, preferred format? Paper Copy CD

RECORD(S) REQUESTED

POLICE REPORT

OTHER DOCUMENT

Case #: _____ Type of Document: _____

Date/Time of Incident: _____ Description: _____

Name(s) of involved parties: _____

DEPARTMENT RESPONSE

EWU PD will provide an initial response within 5 business days. If records are not available at that time, EWU PD will provide an estimate of when the records will be available. Requests for large case files may not be available for 30 days or longer.

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Received by: _____ Completed by: _____

Received: In person Phone Fax Mail Email

5 business days: _____ 5-day letter? Yes - Date _____ No

Documents denied? Yes - Reason: _____ No Clarification? Yes No

Documents delivered via: Picked up Mail Email Date _____

Received by: _____ Date: _____