

Port Gamble S’Klallam Police Department

REQUEST FOR PUBLIC RECORDS

1. Name of Requestor		
2. Address		
3. City, State, ZIP	4. Phone No.	
5. Email Address		
6. Your Relationship to Incident		
7. I prefer to receive these records in the following format: _____ Electronic (\$25/Report*) _____ Paper Copy through Mail (\$30/Report*) _____ Paper Copy In-Person Pickup (\$25/Report*) Cash or check only. Payment must be received prior to release of the records. If the Requestor is making more than one request, or requesting more than one report, the Service Charge must be made at the time of the Request. No refunds. Checks shall be addressed to the “Port Gamble S’Klallam Tribe”. *Enrolled PGST Tribal members who are <i>documented parties</i> in the report may be exempt from service charges. *Service charges do not apply to government agencies.		
RECORDS REQUESTED		
INCIDENT INFORMATION		
8. Date of Incident	9. Time of Incident	10. Location
11. Parties Involved #1		12. Parties Involved #2
13. Investigating Officer	14. Badge No.	15. Case Number
Return this request to the Port Gamble S’Klallam Police Department. Address: 31912 Little Boston Road NE, WA 98346; Fax (360) 297-4452. Response times to requests may vary. Records may be redacted as appropriate/required. Records pertaining to active investigations/litigation may be denied.		