

City Of Orting
Police Department
401 Washington Ave. SE. Orting, WA. 98360 (360) 893-3111

Public Disclosure Request

Pursuant to RCW 42.17, the Washington state public disclosure act, I hereby request to review a record maintained by the Orting Police Department and assert my identity to be:

NAME: _____

AGENCY/FIRM: _____

CLIENT: _____

MAILING ADDRESS:

PHONE NUMBER: _____

IDENTIFICATION USED: _____ CHECKED BY: _____

INSTRUCTIONS: Briefly describe the information to be disclosed by the Orting Police Dept:
Date, Time, and Location of the Incident, Case Number:

Your relationship to the incident (victim, witness, suspect, insurance company, attorney, etc).

What is the intent for the request of this information?

I understand that processing of my request will not commence until the identified data is received by this department.

Signature _____ Date ____ / ____ / ____