



REQUEST FOR PUBLIC RECORDS

REQUESTER INFORMATION

Signature _____ Date _____

Print Name _____ Address _____

City _____ St _____ Zip _____ Phone _____

Fax _____ Email _____

RECORDS REQUEST - provide any information to help us locate records.

- ☐ I will inspect the documents at City Hall (no fee) prior to copy or scan.
- ☐ I request the records be copied for me (\$0.15 per page) and I will pick up copies.
- ☐ I request the records be sent to me electronically (\$0.10 per page for scanned paper records and \$.05 for every four electronic records [with the exception of Body Worn Camera records])
- ☐ I request the records to be mailed to me (records fees and mailing costs may apply)

**Refer to Resolution No. 3943 for the fee schedule associated with responsive records.*

Within five business days of receiving the request, the City will respond by:

- Providing the record, or,
- Acknowledge the receipt of the request and provide a reasonable estimate of time to respond or,
- Denying the request.

RCW 42.56.070(8) prohibits the use of public record lists of individuals for commercial purposes. "Commercial purposes" means that the person requesting the record list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing this form, I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes.

PASCO POLICE RECORDS REQUEST (IF APPLICABLE):

Name of person involved: _____ DOB _____

Incident type: _____

Incident Date / Time: _____ Pasco PD Case No _____

Incident location: _____

COMPLETE PAGE NO. 2 IF REQUESTING BODY WORN CAMERA RECORDS

BODY WORN CAMERA RECORDS REQUEST

SECTION 1: VIDEO/INCIDENT IDENTIFICATION RCW 42.56.240(14)(d)

| | | |
|---|-----------------|------------|
| Requester Name _____ | Signature _____ | Date _____ |
| [Name is required if applying for waiver of video redaction fee; RCW 42.56.240(14)(e)(iii)] | | |
| Provide as much information as you know about the incident so that staff may locate the relevant body worn camera recording(s) requested. | | |
| Name(s) of person(s) involved in incident _____ Case number(s) _____ | | |
| Location(s), date(s) and/or time(s) or incident _____ | | |
| Identifying information of Pasco Police Officer(s) involved in incident _____ | | |

SECTION 2: VIDEO REDACTION FEE RCW 42.56.240(14)(e)

I am applying for a waiver of the video redaction fee due to the following: Check any of boxes that apply:

- ☐ 1. I am a person directly involved in the recorded incident. **ATTACH PHOTO ID WITH REQUEST.**
- ☐ 2. I am an attorney representing a person directly involved in the recorded incident.
- ☐ 3. I am a person, or his or her attorney, requesting the recording relevant to his/her criminal case.
- ☐ 4. I am the executive director of the Washington State commission on African-American affairs, Asian Pacific American affairs or Hispanic affairs.
- ☐ 5. I am an attorney representing a person regarding a potential or existing civil cause of action involving the denial of civil rights under the federal or state constitution or a violation of a United States Department of Justice settlement agreement and seek relief from redactions costs pursuant to RCW 42.56.240(14)(e).
- ☐ 6. None of the above; I am not eligible for a video redaction fee waiver. I understand that I will be charged video redaction costs, an estimate will be provided and a 10% deposit is required prior to the request (or installment of the request) is processed. **The staff rate for redactions is \$44.89 as of February 18, 2021.**

If you are an attorney, please provide your Bar Association number, state of licensure, and contact information: _____

If you checked Box 5 above, in addition to providing the above information, you must provide a statement explaining the relevancy of the requested body worn camera recording to the cause of action, and specify that you are seeking relief from redaction costs pursuant to 42.56.240 (14)(e).

SECTION 3: VIDEO DELIVERY METHOD

Please select one of the following options:

- ☐ I would like the video(s) to be provided through the City's public record request portal.
 - My email address is _____
- ☐ I would like to be provided the video(s) on a DVD and will pay \$1 per DVD, plus redaction fee(s) and mailing costs if applicable.