



## City of Orting Police Department

401 Washington Ave SE -- P.O Box 489 -- Orting, WA 98360  
Phone: (360) 893-3111 -- Fax: (360) 893-3129

### Public Disclosure Request

NAME: \_\_\_\_\_

AGENCY/FIRM: \_\_\_\_\_

CLIENT: \_\_\_\_\_

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

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

IDENTIFICATION USED: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_

EMAIL ADDRESS (for electronic correspondence): \_\_\_\_\_

INSTRUCTIONS: Briefly describe the information to be disclosed by the Orting Police Department: Date, Time, Location of the Incident and Case Number, Names of Parties Involved.

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

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

\_\_\_\_\_

In accordance with RCW 42.56.520, I acknowledge that this request will require up to 5 business days for response. At that time, Orting Police Department will respond by either (1) providing the record; (2) acknowledging that the agency has received the request and providing a reasonable estimate of the time the agency will require to respond to the request; or (3) denying the public record request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF**

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_