

**PUBLIC RECORDS REQUEST**

Langley Police Department  
Post Office Box 366  
Langley, WA 98260  
(360) 221-4433 Wk (360) 221-4267

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

Incident #: \_\_\_\_\_

**Person Requesting Records**

Name (Last/First/MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number Residence \_\_\_\_\_ Cell: \_\_\_\_\_

**Records Being Requested**

Incident or Case #: \_\_\_\_\_

Title of Record(s) \_\_\_\_\_ Date of Record(s) \_\_\_\_\_

Please select from the following:

Hard Copy                       Electronic Copy                       Visual Inspection

**If the record concerns individual(s) other than requestor please explain:**

\_\_\_\_\_

Reason Requested. Please describe relationship with incident. \_\_\_\_\_

\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date Requested: \_\_\_\_\_

**AGENCY RESPONSE**

ACCESS ALLOWED  The applicable department has been notified, and you may access the records.  
(.25 CENTS/PAGE CHARGE)

ACCESS DENIED  It has been determined that the records you have requested are exempt under the  
law for the following reasons: \_\_\_\_\_

NO RECORD FOUND  Explanation: \_\_\_\_\_

**UNLESS OTHERWISE NOTIFIED RESPONSE BY THIS AGENCY WILL BE MADE WITHIN FIVE (5) WORKING  
DAYS FROM DATE REQUESTED**

**NOTIFICATION**

Date Notified: \_\_\_\_\_ Notification Made By: \_\_\_\_\_

Officer's Signature/ Pers #: \_\_\_\_\_ / \_\_\_\_\_ Log Entry Date: \_\_\_\_\_