

CITY OF MERCER ISLAND, WASHINGTON REQUEST FOR POLICE AND FIRE RECORDS



Submit Request to: Police Department
City of Mercer Island
9611 SE 36th Street
Mercer Island, WA 98040-3732

Phone: (206) 275-7610
Fax: (206) 275-7941
Email: pdrequest@mercergov.org

REQUESTOR'S NAME: _____
COMPANY: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____
CELL PHONE: _____
EMAIL: _____

REQUESTED DOCUMENT(S):
Instructions: check the applicable box(es) and describe the document you are requesting with sufficient detail for us to identify and locate the requested document. Attach additional pages if necessary. Please contact us if you are unsure how to describe the documents. Narrowly tailored requests usually shorten response times.

- Please produce copies of the Police Case File for Mercer Island Police Department case # _____.
If you do not know the case number, describe the related incident (dates, names, location and type of incident, etc.) in the space below to help us locate the file you are seeking.
- Please provide copies of the Fire Case File for Mercer Island Fire Department case # _____.
If you do not know the case number, describe the related incident (dates, names, location and type of incident, etc.) in the space below to help us locate the file you are seeking.
- Other Documents
Describe the specific documents you are requesting in the space below or on an attached additional page.

DELIVERY METHOD: I would like to receive the records by (check box that applies):
 picking them up, email, mail, or
 in person inspection only with no copies reproduced for me to keep.

SIGNATURE: _____

– FOR STAFF USE ONLY –
Please complete pertinent information and forward original to the City Clerk.

DATE STAMP / RECEIVED: _____

<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	RECEIVED BY: _____
	REQUEST NO: _____

RESPOND BY DATE: _____

COMMENTS:

EMPLOYEE ID#: _____

RELEASED NOT RELEASED

OF PAGES: _____

COST: _____

RESPONSE DATE: _____

OF STAFF INVOLVED: _____

TOTAL TIME: _____

Electronic Signature (please check if submitting electronically)