



The Evergreen State College  
**POLICE DEPARTMENT**

2700 Evergreen Parkway NW SEM I 2150  
 Olympia, WA 98505  
 Phone: (360)867-6832 Fax: (360) 867-6666

**INSTRUCTIONS:** Complete this form and present in person at the front counter located in SEM I 2150.  
 Email requests may be submitted to [ecos@evergreen.edu](mailto:ecos@evergreen.edu) or [publicrecords@evergreen.edu](mailto:publicrecords@evergreen.edu)

Requested by			
Name of Requestor:	Date of birth:	Case or Ticket Number:	
Mailing Address:	Contact Phone #:		
City:	State:	Zip:	
Incident Information			
Please specify your request by filling in and checking the appropriate box(es) below and add any additional information that will help us locate the record(s) for you as quickly as possible. Failure to provide information sufficient to identify the record(s) may cause a delay.			
<b>Date (or range) of incident:</b>	<b>Time of incident:</b>	<b>Address of incident:</b>	
<input type="checkbox"/> Incident Report	<input type="checkbox"/> Police Call Printout	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Other:
<b>Additional Information to include Name and Date of Birth of involved person(s) if not you and type of incident:</b>			

I prefer to receive these records in the following format:		
<input type="checkbox"/> Emailed to:	<input type="checkbox"/> Paper Copy Please <input type="checkbox"/> call/ <input type="checkbox"/> mail when ready	<input type="checkbox"/> View by appointment

I understand that Washington State Law (RCW 42.56) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use this request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the information I am obtaining.

<b>Requestor's Signature:</b> X	<b>Date of request:</b>
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**NOTE:** It could take up to 30 business days following acceptance of your completed request for you to receive an incident report or response. Please also be advised records are subject to copying fees and are released pursuant to public records dissemination statutes, including RCW 10.97; 13.50; 42.56; 46.52.

Official Use Only					
Request received via:	<input type="checkbox"/> Counter	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail
Received by:	_____		Date received:	_____	
Assigned to:	<input type="checkbox"/> Comm. Supervisor	<input type="checkbox"/> Records	Date assigned:	_____	
Date request completed:	_____		Date requestor notified:	_____	
Locations searched:	<input type="checkbox"/> RMS	<input type="checkbox"/> Records Room	<input type="checkbox"/> SECTOR	<input type="checkbox"/>	
Date provided:	# of pages:	_____	_____	_____	