



Marysville Police Department Request for Records



Please Print Legibly

Name of Requestor: _____

Address: _____

Phone: _____ Email Address: _____

Type and Date of Incident: _____ Case #: _____

If you have limited information, please provide names and birthdates of party's involved, incident location, and any additional information to help us locate the records in a timely manner. Failure to provide sufficient information to identify the records may cause delay in processing your request.

Requesting Body Worn Camera (BWC) Footage? Yes No

If you are requesting BWC footage, there will be a fee of \$0.69 per staff minute of redaction time unless your involvement is listed under RCW 42.56.240(14)(e). If you are an attorney and are seeking relief from redaction costs, please provide proof you represent the individual in the footage, such as a notice of appearance or client letter, along with an explanation of the relevancy of the requested recording to the cause of action. A 10% deposit may be required.

Identification verification may be required

When a record is subject to disclosure only to specific persons and not generally available to the public, the City may require a requestor to provide proof that he or she is that person. Failure of a requestor to provide adequate proof of his or her identity in such circumstances is grounds to deny the request.

I understand there is a charge of \$0.15 for single-sided paper copies on 8.5 x 11 or 8.5 x 14 paper and \$0.10 per scanned page. Body worn camera footage will incur a fee of \$0.69 per minute of redaction time unless your involvement is listed under RCW 42.56.240(14)(e). Any additional media may be subject to fees set forth in the fee schedule posted by the City Clerk's Office. The fee schedule may be located on the city's website at www.marysvillewa.gov. The cost for mailing will also be charged to the requestor. For large or costly requests, a deposit may be required in advance. Records that are not claimed within 30 days will be considered abandoned and the Public Disclosure Request will be Administratively Closed.

- I wish to receive records by Email, if records exist electronically (document size and upload fees may apply).
- I wish to Pick Up the records (reproduction fee may apply).
- I wish to have records Mailed to me, (reproduction and postage fee will apply and prepayment may be required).
- I wish to make an Appointment to review the requested records.

I understand that secondary dissemination of this information is prohibited unless in compliance with RCW 10.97 and RCW 42.56. Additionally, I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes per RCW 42.56.070(8).

X Signature: _____ Date: _____

The City will respond to your request within five (5) business days of receipt, either by providing the information requested, providing a reasonable estimate of time that will be required to respond to the request, or by denying the request. Five day response begins one working day after receipt of request. The City reserves the right to extend the estimation of time that will be required to respond to the request if necessary.

For Office Use Only

Received by: _____ Date: _____ Tracking #: _____

City of Marysville Police Department, 1635 Grove St., Marysville, WA 98270
Ph: 360.363.8300 Fax: 360.659.7667