



# PORT GAMBLE S'KLALLAM POLICE DEPARTMENT

DOMINGO ALMIROL, CHIEF OF POLICE

## REQUEST FOR PUBLIC RECORDS

1. Name of Requestor	
2. Address	
3. City, State, ZIP	4. Phone No.
5. Email Address	
6. Your Relationship to Incident	
7. I prefer to receive these records in the following format: <input type="checkbox"/> Electronic <input type="checkbox"/> Paper Copy through Mail <input type="checkbox"/> Paper Copy In-Person Pickup	

### RECORDS REQUESTED

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### INCIDENT INFORMATION

8. Date of Incident	9. Time of Incident	10. Location
11. Parties Involved #1		12. Parties Involved #2
13. Investigating Officer	14. Badge No.	15. Case Number

Return this request to the Port Gamble S'Klallam Police Department. Address: 31912 Little Boston Road NE, Kingston, WA 98346; Fax (360) 297-4452. Response times to requests may vary. Records may be redacted as appropriate/required. Records pertaining to active investigations/litigation may be denied.