



# Napavine Police Department

**Chris Salyers-Chief of Police**

407 Birch Ave SW/P O Box 179, Napavine, WA 98565

Phone: (360) 262-9888 Fax: (360) 262-9885

Website: www.cityofnapavine.com

## REQUEST FOR POLICE REPORT

Date: \_\_\_\_\_ Case Number (If available): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

*There is a \$5.00 fee for the first page of the report and \$0.25 charge for each page thereafter.*

### Please check the record you are requesting or specify if other is selected:

- Narrative Report
- Photos
- Accident Report
- Other \_\_\_\_\_

*This agency is not authorized to provide public records consisting of a list of individuals for a commercial use.*

## RECEIPT FOR POLICE REPORT COPY

The undersigned, by his/her signature hereon, acknowledges receipt of the documents requested from the Napavine Police Department.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

|                        |                 |                     |
|------------------------|-----------------|---------------------|
| <b>OFFICE USE ONLY</b> |                 |                     |
| Receipt # _____        | Amount \$ _____ | Processed by: _____ |