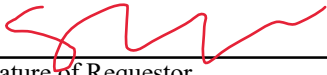


# Office of Administration



## REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

We will respond to your request within 5 business days and provide you with a reasonable time estimate necessary to respond.

| Section A - Requestor Information   |  |                           |
|---|--|---------------------------|
| Requestor Name<br>Shira Idris   | Phone Number<br>917-913-6314               | Today's Date<br>3/27/2024 |
| Mailing Address<br>Po Box 2728  | City, State, Zip Code<br>Seattle, WA 98111 |                           |
| Email Address<br>pnwresearch24@gmail.com  |  |                           |
| Section B - Records Request   |  |                           |
| This is a request to : <input type="checkbox"/> Inspect <input checked="" type="checkbox"/> Copy the records described below  |  |                           |
| Steilacoom Public Safety is committed to responding to your request for public disclosure in an efficient and prompt manner. In order for us to process your request, we need a clear, specific description of the records that you are requesting. Please do so below:<br>see attached doc |  |                           |
| Special Handling: <input type="checkbox"/> Please mail copies <input type="checkbox"/> Please hold for pick-up  |  |                           |
| Request was Made: <input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By mail: (attach request)   |  |                           |
| I agree to pay a reasonable standard charge of \$0.15 per page plus the cost of mailing and to pay the fees upon receipt of the records.  |  |                           |
| Signature of Requestor<br>   |  | Date<br>3/27/24           |
| Section C - Department Use Only   |  |                           |
| Staff Receiving Request:  | _____                                      | Date: _____               |
| Staff Responding to Request:  | _____                                      | Date: _____               |
| 5 Day Response Sent:  | _____                                      | Date: _____               |
| Further Response:   | _____                                      | Date: _____               |
| Record Disclosed:   | _____                                      | Date: _____               |
| Section D - Invoice   |  |                           |
| # of Copies: _____  | x \$0.15 per page                          | = _____                   |
| Additional Charges: _____   |  | = _____                   |
| Additional Charges: _____   |  | = _____                   |
| TOTAL COST  |  | _____                     |
| Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check   | Payment Received: _____                    |                           |
| Installment Payments: 1) _____ 2) _____ 3) _____ 4) _____   |  |                           |