INTERNAL USE ONLY	
# Hours to Complete:	

	INTERNAL USE	ONLY
PDR #:		

## PUBLIC DISCLOSURE REQUEST EWU POLICE DEPARTMENT

609 W. 7th St. Cheney, WA 99004 police@ewu.edu

Phone: (509) 359-6498 Fax: (509) 359-6054

REQUESTO	RINFORMATION				
Requested by:	Date:				
Contact Phone #: Email Add	ress:				
Mailing Address: City	/State: Zip:				
Involvement or Relationship to Incident:					
If you are an attorney or insurance company, please li	st client's name:				
How would you prefer to receive your documents? If receiving by mail or picking up, preferred format?	☐ Mail ☐ Email ☐ Pick up ☐ Other ☐ Paper Copy ☐ CD				
RECORD(S) REQUESTED  ☐ POLICE REPORT ☐ OTHER DOCUMENT					
	☐ OTHER DOCUMENT				
	Type of Document:				
	Description:				
Name(s) of involved parties:	-				
DEPARTMENT RESPONSE					
EWU PD will provide an initial response within 5 business days. If records are not available at that time, EWU PD will provide an estimate of when the records will be available. Requests for large case files may not be available for 30 days or longer. If document(s) are not picked up by the requestor or representative after 30 days, the document(s) will be considered abandoned.					
INTERNAL USE ONLY					
Received by:	Completed by:				
Received:	☐ Mail ☐ Email ☐ Voicemail				
5 business days:5-da	y letter? 🗌 Yes - Date 🗎 No				
Documents denied?	🗆 No Clarification? 🗆 Yes 🔲 No				
Documents delivered via:					
Received by:	Date:				