



CITY OF KENT PUBLIC RECORDS POLICY

Records Request Form

Date: _____

Department where records are located, if known: _____

Name of Requester: _____

Address: _____

City, State _____

Daytime phone number: _____

Representing (if applicable) _____

If request is for an Incident Report, please provide the following:

Type of Incident: _____

Address of Incident: _____

Date and Time of Incident: _____

Incident Number, if known: _____

Is there an active criminal prosecution regarding this Incident? _____

If the request is for an Administrative Report, please provide the following:

Describe type of record requested: _____

Approximate date of original report (if available): _____

Other explanatory information: _____

All other requests, please clearly describe the records that are requested: _____
