***Please complete All information. If it does NOT apply, please list N/A for your answer.***

|  |
| --- |
| Entity Name:       |
| **CONTACT INFORMATION** |
| Mayor:       | Number of Years in Position:       |
| Email:       | Phone Number:       |
| City Administrator/Manager:       | Number of Years in Position:       |
| Email:       | Phone Number:       |
| Clerk/Treasurer:        |  |
| Email:       | Phone Number:       |
| **GENERAL INFORMATION** |
| Population |       |
| Total Current Budget (Expenditures) | $      |
| Total Annual Payroll | $      |
| Total Annual Revenue | $      |
| Total Annual Worker Hours Reported to Labor & Industries |       |
| **LIABILITY INFORMATION** |
| A. | **EMPLOYEES**  |
| Total Number of Employees: | VOLUNTEER | FULL TIME | PART TIME |
|  Police Officers |       |       |       |
|  Reserve Police Officers (count as part-time) |  |  |       |
|  EMTS  |       |       |       |
|  Paramedics |       |       |       |
|  Firefighters |       |       |       |
|  All Other Employees (any paid employees not listed above): |       |       |       |
| **Note: If staff share multiple duties, please count them only once, under their primary duty** |
|  |
| Number of worker hours for Volunteer Firefighters |       |
| Do you have Licensed Professionals? | [ ]  Yes | [ ]  No |
| **If yes**, how many of the following do you have (employees and volunteers): |
|  EMTS |       |  Therapists |       |
|  Paramedics |       |  Counselors |       |
|  Nurses |       |  Social Workers |       |
|  Out of the above number of Nurses, how many are ARNPs? |       |  Other Please specify:       |       |

|  |  |
| --- | --- |
| B. | **LAW ENFORCEMENT** |
| Do you follow all State Statutes for hiring Active and Reserve Officers? | [ ]  Yes | [ ]  No | [ ]  N/A |
| Is your police department accredited by Washington Association of Sheriffs & Police Chiefs (WASPC)? | [ ]  Yes | [ ]  No | [ ]  N/A |
| Do you utilize Lexipol Policies? | [ ]  Yes | [ ]  No | [ ]  N/A |
| **If yes**, do you use their daily bulletins? | [ ]  Yes | [ ]  No | [ ]  N/A |
| **If you subscribe to Lexipol,** which policies do you utilize?  |
| POLICY DESCRIPTION | YES | NO | POLICY DESCRIPTION | YES | NO |
| Use of Force (Deadly & Less Lethal) |  |  | Handling of Intoxicated Persons |  |  |
| Domestic Violence |  |  | Armed while Off-Duty |  |  |
| Emergency Driving |  |  | Ride-Along Program |  |  |
| Pursuit |  |  | Strip Search |  |  |
| **If you do not utilize Lexipol,** do you have written policies governing the following? |
| POLICY DESCRIPTION | YES | NO | DATE OF LAST REVISION | POLICY DESCRIPTION | YES | NO | DATE OF LAST REVISION |
| Use of Force (Deadly & Less Lethal) | [ ]  | [ ]  |       | Handling of Intoxicated Persons | [ ]  | [ ]  |       |
| Domestic Violence | [ ]  | [ ]  |       | Armed while Off-Duty | [ ]  | [ ]  |       |
| Emergency Driving | [ ]  | [ ]  |       | Ride-Along Program | [ ]  | [ ]  |       |
| Pursuit | [ ]  | [ ]  |       | Strip Search | [ ]  | [ ]  |       |
| How often are the policies reviewed?  |       |
| Are all the employees required to sign off upon renewal? | [ ]  Yes | [ ]  No | [ ]  N/A |
| Are you a party to any mutual aid, reciprocal, or regional Task Force Agreements?***If yes, please provide a copy of the agreement*** | [ ]  Yes | [ ]  No | [ ]  N/A |
| Number of K9 Units:       |
| Do you provide your own law enforcement services? | [ ]  Yes | [ ]  No |
| **If no**, please specify who is responsible for providing this service (i.e. county, neighboring city, etc.).***Please provide a copy of the agreement.*** |       |
| If another entity provides you with law enforcement services, are you named as Additional Insured for law enforcement services on their coverage?  | [ ]  Yes | [ ]  No | [ ]  N/A |
| Do you provide law enforcement service to other cities/towns? | [ ]  Yes | [ ]  No |
| Who do you contract with for Dispatching Services?       |
| **If not contracted**, what type of training are your dispatchers provided?       |
| ***Please provide copy of dispatching policies and procedures*** |
| C.  | **FIRE DEPARTMENT** |
| Do you provide your own Fire Services? | [ ]  Yes | [ ]  No |
| If not, who provide fire services to your city/town? |       |
| Do you utilize Lexipol Services for Fire Departments? | [ ]  Yes | [ ]  No | [ ]  N/A |
| Are you a party to any fire service mutual aid, reciprocal, or regional task force agreements?(If yes, please provide a copy of any agreements) | [ ]  Yes | [ ]  No | [ ]  N/A |
| Do you have a Fire Marshal or Firefighter who is commissioned with search, seizure, and/or arrest powers while performing their duties to your fire department? | [ ]  Yes | [ ]  No | [ ]  N/A |
| D. | **STREETS / ROADS** |
| Total number of miles maintained by the city |       |
| E. | **UTILITIES *(COMPLETE THE UTILITIES SUPPLEMENTAL APPLICATION)*** |
| **1** | **GAS** |
| Total Gas Payroll | $      |
| Gas Worker Hours |       |
| Miles of Gas Pipeline |       |
| **2** | **ELECTRIC** |
| Total Electric Payroll | $      |
| Electric Worker Hours |       |
| **3** | **WATER / SEWER UTILITY** |
| Total Water/Sewer Payroll | $      |
| Water/Sewer Utility Worker Hours |       |
| Gallons of Water Sold |       |
| Total Miles of Sewer Lines |       |
| Age of current lines |       |
| Does your entity have a routine sewer flushing and inspection plan? | [ ]  Yes | [ ]  No | [ ]  N/A |
| Does your entity own or use a Vactor, or similar equipment? | [ ]  Yes | [ ]  No | [ ]  N/A |
| F. | **Please list any other public or recreational facilities you may have:**  |
| G. | **Number of certified playground safety inspectors:** |
| H. | Does legal counsel review all new ordinances, resolutions, and policies for the Council? | [ ]  Yes | [ ]  No |