***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 |