



**Spokane Police – Spokane County Sheriff – Spokane Valley Police  
Request for Release of Records**



TODAY'S DATE _____	REPORT/CASE # _____
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REQUESTING COPIES

REQUESTING VIEWING

**NOTE: Please consider this your 5-day response as required by RCW 42.56.520.** It will take approximately 30 business days following acceptance of your completed request for you to receive an incident report or response. Reports are subject to copying fees (see posted fees), and are released pursuant to public records dissemination statutes, including RCW 10.97; 13.50; 42.56; 46.52.

TYPE OF REPORT/DOCUMENTS REQUESTED \_\_\_\_\_

INCIDENT TYPE: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

OTHER DOCUMENTS BEING REQUESTED \_\_\_\_\_

COLLISION REPORTS ARE AVAILABLE FROM: <http://www.wsp.wa.gov/publications/collision.htm>

EXACT STREET ADDRESS OF INCIDENT \_\_\_\_\_

**NAMES OF INVOLVED PEOPLE**

NAME: LAST, FIRST MIDDLE (ALIAS) _____	RACE	SEX	DOB/AGE
NAME: LAST, FIRST MIDDLE (ALIAS) _____	RACE	SEX	DOB/AGE

CLIENT YOU REPRESENT (FOR ATTORNEY/INSURANCE USE ONLY) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

REQUESTED BY (Please Print): \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

I understand that Washington State law (RCW 42.56) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use this Request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the information I am obtaining.

REQUESTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VICTIM  SUSPECT  INSURANCE COMPANY  ATTORNEY  UNINVOLVED  OTHER \_\_\_\_\_

**FOR RECORDS USE ONLY**

REPORT DELETIONS MADE PURSUANT TO:  RCW 42.56.050  RCW 42.56.230(4)  RCW 42.56.240

RCW 10.97  RCW 46.52  RCW 13.50  RCW 70.48.100  RCW 46.12.380  RCW 68.50.105

RCW 70.02.005 and HIPPA (45 CFR 164.502)  NO DELETIONS  Other \_\_\_\_\_

CLARIFIED REQUEST WITH:	DATE:	FEE QUOTE:	# OF PAGES:	BY EMPLOYEE:
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5-DAY LETTER:	LOGGED:	DETECTIVE CHECK:
INITIAL / DATE	INITIAL / DATE	INITIAL / DATE

REDACTED:	FEE DUE LETTER:	PAYMENT RECEIVED:
INITIAL / DATE	INITIAL / DATE	INITIAL / DATE