



POLICE RECORDS REQUEST

NOT ALL CRIMINAL RECORD INFORMATION IS DISCLOSABLE PER RCW 10.97.050

If you are requesting FULL criminal history information, it must be requested through the Washington State Patrol. They are located at: 106 11th Ave SW, Suite 1300, Olympia, WA 98501, or online at <https://watch.wsp.wa.gov>

PLEASE PRINT CLEARLY

| | | | |
|------------------|-----------------|------------------|--|
| Date of Request: | Requester Name: | | |
| Mailing Address: | | Contact Phone #: | |
| City/State/Zip: | Email Address: | | |

PREFERRED FORMAT

| | | | |
|--|-------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Prefer to receive copies (Refer to C.M.C. 2.10 for copy costs). When ready: | Select One | | |
| <input type="checkbox"/> Prefer to view the record only (No charge for viewing records by appointment) | <input type="checkbox"/> Call | <input type="checkbox"/> Mail | <input type="checkbox"/> E-Mail |

INCIDENT INFORMATION

Description of record(s) requested. Please specify your request by checking the appropriate box(es) below and adding detail in the space provided, if applicable, to help us locate the record(s) for you as quickly as possible. Failure to provide information sufficient to identify the record(s) may cause a delay.

| | | |
|----------------|------------------------|-----------------------|
| Case/Ticket #: | Date/Time of Incident: | Location of Incident: |
|----------------|------------------------|-----------------------|

Names of involved people:

DOCUMENTS REQUESTED:

| | | |
|---|---|--|
| <input type="checkbox"/> Incident and supplemental reports only | <input type="checkbox"/> Traffic Collision Report | <input type="checkbox"/> Body Camera (See reverse) |
| <input type="checkbox"/> Other: (Specify below) | | |
| <input type="checkbox"/> Report needed for Civil Redress pursuant to RCW 10.97.070(1) – (Relationship to Incident): | | |

Additional Information:

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I certify that the records or information obtained will not be used for any commercial purpose pursuant to R.C.W. 42.56.070(9).

Signature of Requester

ACTION ON REQUESTS FOR PUBLIC RECORDS MUST BE TAKEN WITHIN FIVE (5) BUSINESS DAYS PURSUANT TO R.C.W. 42.56.520.

Body Worn Video Requests

Per RCW 46.50.240(14)(e)(i) allows some requestors to receive copies of body-worn camera (BWC) video(s) without paying redaction costs. Please find below the categories of requestors who are not required to pay redaction costs.

Check any/all that apply:

- A person directly involved in the incident recorded by the requested body worn recording (BWC)
- An attorney representing a person directly involved in an incident recorded by the requested BWC recording
- A person or his/her attorney who requests a BWC recording relevant to a criminal case involving that person
- An executive director with Washington State Commission on African-American affairs, Asian Pacific American Affairs, Hispanic Affairs
- An attorney who represents a person regarding a potential or existing civil cause of action involving the denial of civil a rights under the federal or state constitution or a violation of a U.S. D.O.J settlement*

*If you are an attorney who represents a person regarding a potential or existing civil cause of action involving the denial of civil rights under the federal or state constitution or a violation of a U.S D.O.J settlement, please explain the relevancy of the requested video(s) and submit a request for relief from redaction costs.