LAW ENFORCEMENT SUPPORT AGENCY

930 Tacoma Avenue South, Room 239
Tacoma, Washington 98402

Telephone: (253) 798-7441

Public Disclosure Request

Write or print legibly.

I hereby request to *(check one)* ☒ obtain a copy of / ☐ review the below listed material(s). This request is made pursuant to RCW 42.17, The Washington Public Disclosure Act.

Material being requested

Case Number	Identify Document/Material *(e.g. Police Report)*
	Police Report

Incident information

Date of Incident	Location of Incident *(where did this happen? Be as specific as possible.)*
Type of Incident *(Assault, Theft, etc)* Auto Accident	

Name(s) of people involved

Requestor information *

Full Name				Telephone Number
				( )
Street Address	**City**	**State**	**Zip Code**	**Claim Number (Insurance companies only)**

I am
☐ The victim
☒ Representing the victim under RCW 10.97.070
☐ Other (please clarify)

Please read and sign the following statement:

I understand that processing of my request will not commence until the complete request form is returned to this department by the requestor. In accordance with RCW 42.17.320, I acknowledge that this request may require up to 15 business days to process. I further understand that if copies of the above document are requested, a fee may be assessed in accordance with the LESA Fee Schedule.

Signature _____ Date _____ Firm Name (if applicable) _____

Do Not Write In The Space Below

Reviewing Agency		Releasing Agency		I hereby acknowledge receipt / review of the above described materials
Reviewed by		# of Copies	Fee	Date
Date	Release? Yes ☐ No ☐	Released By		Signature

* If you are an attorney seeking accident information, please attach a signed waiver/release of information.