

# REDMOND POLICE DEPARTMENT

8701 160<sup>th</sup> Ave NE; MS: PSPDR  
Redmond, WA 98052 (425) 556-2500



## PUBLIC RECORDS REQUEST

\_\_\_\_\_  
**Print Name**      Last                      First                      Middle                      **Today's Date**

\_\_\_\_\_  
**Date of Birth**                      (\_\_\_\_)                      (\_\_\_\_)  
**Phone** (Daytime)                      **Cell or Other phone**

\_\_\_\_\_  
**Mailing Address**                      **City, State, Zip**

### Record Requested:

- Police Report / Type of incident: \_\_\_\_\_
- Traffic Accident report
- Citizen (Clearance) Letter\*
- Other / Specify: \_\_\_\_\_

**Case Number:** \_\_\_\_\_ Also, please provide date, time, and location of the incident, as well as any other information, including names of persons involved:

\_\_\_\_\_  
\_\_\_\_\_

### Your relationship to the case (choose one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Driver                     | <input type="checkbox"/> Defendant                 | <input type="checkbox"/> Passenger                  |
| <input type="checkbox"/> Legal Guardian             | <input type="checkbox"/> Victim                    | <input type="checkbox"/> Vehicle owner              |
| <input type="checkbox"/> Parent of Minor (under 18) | <input type="checkbox"/> Witness                   | <input type="checkbox"/> Property owner             |
| <input type="checkbox"/> Person injured in accident | <input type="checkbox"/> Insurer of Involved Party | <input type="checkbox"/> Attorney of Involved Party |
| <input type="checkbox"/> Other _____                |  |   |

Choose one:

- I wish to **pick-up** these records. I understand I will be notified when the copies are ready and their cost. If this request is not picked up within 2 weeks of contact, they will be destroyed.
- Please **mail** these copies to me at the above address. If there is a charge for the copies, payment must be received by the Redmond Police Department before copies are mailed. When the copies are ready to mail, we will contact you at the above phone number to let you know the cost.

***I understand that the record I am requesting is subject to State Disclosure Law and not all criminal record information is disclosable per RCW 10.97.050. State law provides for the release of collision/criminal history information only to certain persons per RCW 46.52.080 and 46.52.083. There may be a fee for the copies that I am requesting. I understand that requests are processed in the order received. The Redmond Police Department will "respond" within 5 business days from the date that this form is submitted (per RCW 42.56.520). "Respond" means sending the copies requested or, due to the volume of requests and research time required, a letter stating we need more time to process. \*Note: Citizen Letters are done upon request while you wait.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Police use only: Received by \_\_\_\_\_

Stamp:

Photo ID verified