



**Washington State Patrol
REQUEST FOR PUBLIC RECORDS**

TRACKING NUMBER	DATE OF REQUEST
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REQUESTED BY

Name of Requestor:

Address:

City, State, ZIP: Phone No.:

Email Address

Your Relationship to Incident:

I prefer to receive these records in the following format:

Electronic (CD/DVD/Scanned Documents)

Paper Copy (Fifteen cents per page for requests that exceed 20 pages. There is no charge for requests under 20 pages. An invoice will be mailed once the records have been collected. The records will be mailed once full payment is received.)

View by appointment (No charge for viewing records by appointment).

RECORDS REQUESTED

INCIDENT INFORMATION

DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION (INCLUDE COUNTY):	
PARTIES INVOLVED #1:		PARTIES INVOLVED #2:	
INVESTIGATING OFFICER:	BADGE NUMBER:	CASE NUMBER:	ALTERNATE CASE NUMBER:

RCW 42.56.070(9) prohibits the use of lists of individuals provided by the Washington State Patrol for commercial purposes.

Requested records may be redacted in accordance with Chapter 42.56 RCW or other statutes as applicable.

OFFICE USE ONLY