REDMOND POLICE DEPARTMENT

8701 160th Ave NE / MS: PSPDR

Redmond, WA 98052 (425) 556-2600 Fax: (425) 556-2573 or (425) 556-2540

POLICE RECORDS REQUEST

Requestor's Name:			
La	st	First	Middle
Today's Date	Requestor's Date of Birth	(Phor	ne (Daytime)
Requestor's Mailing Address	City	State	Zip
Case Number:	□ Case Number unknown		
Please provide <u>date, time,</u> and <u>loca</u> involved. Failure to provide informa			
Record Requested: ☐ Police Report ☐ Traffic Accident report ☐ Other (Specify)	quest Description:		
*Please use a separate page if you require more space:			
Your Relationship to the Case:	_	_	_
□ Driver□ Legal Guardian□ Parent of Minor (under 18)□ Person injured in accident	☐ Defendant☐ Victim☐ Witness☐ Civil Redress	☐ Passenger ☐ Vehicle owner ☐ Property owner ☐ Other	☐ Insurer of Involved Party ☐ Attorney of Involved Party
	up within two weeks, it will pove address. When the cop	be destroyed and you pies are ready to mail,	e will be made to the number listed will need to resubmit a request. we will contact you by phone to
disclosable per RCW 10.97.050, 42 processed in the order received. "Respond" is defined as sending t	2.52.080 and 46.52.083. THE IN ACCORDANCE WITH RCW the copies requested or, discussing time is required. Pe	here is a fee for case of 42.56.520 we will res ue to the volume of re r RCW 42.17.260(9) a	not all criminal record information opies. I understand that requests an spond within five (5) business day equests or research time required, and 42.56.070 (9) our agency is no use."
Signature		Date	
FOR POLICE USE ONLY:		Received:	
Ву:			
□ Pre-paid □ Check/credit o	card payment: ID verified		