



DUVALL POLICE DEPARTMENT

PUBLIC RECORDS REQUEST

Print Name	Last	First	Middle	Today's Date
(if involved in case)	(____)	(____)	(____)	(____)
Date of Birth	Phone	(Daytime)	Cell or Other phone	

Mailing Address	City, State, Zip
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Record Requested (please be as specific as possible):

Police Report / Type of Incident: _____

Traffic Accident Report

Citizen (Clearance) Letter

Other / **Please be specific:** _____

Case/Incident/Citation Number: _____ If a case number is not known, please provide date, time, physical location of the incident, and names of persons involved, as well as any other pertinent information:

Your relationship to the case:

<input type="checkbox"/> Arrested Party/Defendant <input type="checkbox"/> Attorney of Involved Party <input type="checkbox"/> Driver <input type="checkbox"/> Insurer of Involved Party <input type="checkbox"/> Involved Party	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent of Minor (under 18) <input type="checkbox"/> Passenger <input type="checkbox"/> Person Injured in Accident <input type="checkbox"/> Property Owner	<input type="checkbox"/> Suspect <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other _____
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Choose One:

I wish to **pick up** these copied records. I understand I will be notified when the copies are ready and that if this request is not picked up within 30 days of contact, it and any associated copies will be destroyed.

I wish to have these copied records **mailed** to me at the above address

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 (\$.15 per page after the first five pages). I understand that requests are processed in the order received. The Duvall 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 notice stating we need additional time to process. By signing this form I certify that the information I may obtain through this request for public records will not be used for commercial purposes. Questions: call us at 425-788-1519.

Signature	Date
(For Police Use Only): Received by: _____	Date Stamp:
	Fees Paid \$_____ (or N/A)



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THIS SIDE FOR POLICE DEPARTMENT USE ONLY:

Case/Incident Number	File Number	Response due By
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<u>Action</u>	<u>By Whom</u>	<u>When</u>	<u>Status</u>
Request Received	_____	Date: _____	
Case Found	_____	Date: _____	Open/Active ____ Closed/Inactive ____

Closed/Inactive (to City Attorney for approval – no Commander review required)

Sent to City Attorney	_____	Date: _____	
City Attorney Reply*	_____	Date: _____	Approved ____ Denied ____
Response cc'd to Case File	_____	Date: _____	

Open/Active (prosecuting attorney MUST review on a case by case basis*)

Sent to Commander	_____	Date: _____	
Sent to Prosecutor	_____	Date: _____	
Prosecutor's Reply*	_____	Date: _____	Approved ____ Denied ____
Response cc'd to Case File	_____	Date: _____	

Special Notes/Conditions

*(if prosecutor approves release of active case information, copy of approval must be forwarded to City Attorney)

Request Tracking Notes
