



# SULTAN POLICE RECORDS REQUEST FORM

POLICE RECORDS MAY ONLY BE RELEASED IN ACCORDANCE WITH STATE PUBLIC DISCLOSURE LAW AND DEPARTMENT POLICY. THIS FORM SHOULD BE COMPLETED BY ANYONE REQUESTING COPIES OF POLICE REPORTS/RECORDS AND SUBMITTED TO **SULTAN POLICE RECORDS SECTION – PO BOX 1650 – SULTAN – WA – 98294**  
**QUESTIONS REGARDING THIS FORM PLEASE CALL 360.793.1051**

## REQUESTING PARTY

YOUR NAME: \_\_\_\_\_

AGENCY/FIRM: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## INFORMATION SOUGHT

INCIDENT REPORT NUMBER: \_\_\_\_\_

OFFICER(S) INVOLVED: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

LOCATION(S): \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_

PERSON(S) INVOLVED: \_\_\_\_\_

DOCUMENT(S) REQUESTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURPOSE FOR REQUEST: \_\_\_\_\_

**\* REPORT REPRODUCTION COSTS ARE (\$10.00 FOR THE FIRST 10 PAGES) PAID IN ADVANCE. COST OF PHOTOS ARE \$15.00 JPEG FORMAT – CALL FOR AVAILABILITY.**

DATE RECEIVED: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ PAID \$ \_\_\_\_\_ TR NO \_\_\_\_\_