

POLICE INFORMATION REQUESTS

Information on incidents and/or accidents, which occurred in the City of Colville and were investigated by the Colville Police Department, may be requested in the following ways:

- **Apply in person** by completing a Request for Police Record Information form (see next page). When you apply in person, the information can be mailed or picked up in person.
- **Apply by phone** at (509) 684-2525. Required information will be taken over the phone. When you have applied over the phone, information must be picked up in person after presenting appropriate identification.

Attorneys, insurance companies, or other agencies representing an involved party may mail requests to:

**Colville Police Department
PO Box 533
Colville, WA 99114**

Please contact the office at (509) 684-2525 to determine the fee associated with your request. Applicable fees should accompany the request.

Requests should contain as much information as possible:

- Case Number, preferably
- Time
- Date
- Location of Incident/Accident
- Name(s) of Involved Parties

Washington State Law and Colville Police Department policy regulates who may receive Police record information. Information may be withheld in accordance with governing RCW's.

Colville Police Department
REQUEST FOR RELEASE OF RECORDS

Today's Date

Report Number

I, the undersigned, do hereby request release of information described below to the requester named in accordance with the following terms and conditions. I understand that neither the City of Colville, nor their employees individually make warranty actual or implied, as to the accuracy of documents of information released pursuant to this request. NOTE: Reports are subject to review and release pursuant to public records dissemination statutes, including RCW 10.97; 13.50; 42.17; 46.52. PLEASE ALLOW UP TO FIVE (5) WORKING DAYS FOR RESPONSE, although every effort will be made to facilitate your request as quickly as possible.

PLEASE DESCRIBE DOCUMENTS REQUESTED. PROVIDE AS MUCH DETAIL AS POSSIBLE

DATE INCIDENT REPORTED: _____

Type of Report: Assault, Arrest, Burglary, Collision, Malicious Mischief, Theft, Vehicle Prowling.

OTHER(DESCRIBE HERE): _____

EXACT Street address / intersection of incident: _____

Names of Involved People:

Last First M.I. Date of Birth

Last First M.I. Date of Birth

CLIENT YOU REPRESENT: _____

for Attorney / Insurance use only

Requester's Name: _____ Phone: _____

Address: _____ Zip: _____

REQUESTER'S SIGNATURE: _____

Department Use Only:

REPORT DELETIONS MADE PURSUANT

_____ RCW 42.17.310 (1) (d) (e)

_____ RCW 46.52.080 _____ RCW 13.50

_____ RCW 10.97 _____ RCW 10.97.070 (1)

OR _____

RECORDS MANAGER BY: _____