Newport Police Department
Request for Release of Records

TODAY’S DATE

REQUESTING COPIES

REQUESTING VIEWING

NOTE: We will respond within five business days of your request. We will acknowledge confirmation of receipt of your request, as well as provide a time estimate for completion. If clarification is needed or questions arise concerning your request, you will be notified accordingly. Reports are subject to copying fees (see posted fees), and are released pursuant to public records dissemination statutes, including RCW 10.97, 13.50, 42.56 and 46.52.

TYPE OF REPORT/DOCUMENTS REQUESTED

<table>
<thead>
<tr>
<th>INCIDENT TYPE:</th>
<th>DATE OF INCIDENT:</th>
</tr>
</thead>
</table>

OTHER DOCUMENTS BEING REQUESTED

COLLISION REPORTS ARE AVAILABLE FROM: http://www.wsp.wa.gov/publications/collision.htm

EXACT STREET ADDRESS OF INCIDENT

<table>
<thead>
<tr>
<th>NAME: LAST, FIRST MIDDLE (ALIAS)</th>
<th>RACE</th>
<th>SEX</th>
<th>DOB/AGE</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

CLIENT YOU REPRESENT (FOR ATTORNEY/INSURANCE USE ONLY)

E-MAIL ADDRESS

REQUESTED BY (Please Print):

NAME

PHONE

ADDRESS (STREET, CITY, STATE, ZIP)

I understand that Washington State law (RCW 42.56) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use this Request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the information I am obtaining.

REQUESTOR’S SIGNATURE

DATE

FOR RECORDS USE ONLY

REPORT DELETIONS MADE PURSUANT TO:

RCW 42.56.050  RCW 42.56.230  RCW 42.56.240

RCW 10.97  RCW 46.52  RCW 13.50  RCW 70.48.100  RCW 46.12.635  RCW 68.50.105

RCW 70.02.005 and HIPPA (45 CFR 164.502)  NO DELETIONS  Other

CLARIFIED REQUEST WITH:

DATE:

FEE QUOTE:

# OF PAGES:

BY EMPLOYEE:

5-DAY LETTER:

LOGGED:

LEGAL CHECK:

INITIAL / DATE

INITIAL / DATE

INITIAL / DATE

REDACTED:

FEE DUE LETTER:

PAYMENT RECEIVED:

INITIAL / DATE

INITIAL / DATE

INITIAL / DATE