

**Newport Police Department
Request for Release of Records**

TODAY'S DATE

REPORT/CASE #

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

INCIDENT TYPE: _____ DATE OF INCIDENT: _____

OTHER DOCUMENTS BEING REQUESTED _____

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

EXACT STREET ADDRESS OF INCIDENT

NAMES OF INVOLVED PEOPLE

NAME: LAST, FIRST MIDDLE (ALIAS)	RACE	SEX	DOB/AGE
NAME: LAST, FIRST MIDDLE (ALIAS)	RACE	SEX	DOB/AGE

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 _____

VICTIM SUSPECT INSURANCE COMPANY ATTORNEY UNINVOLVED OTHER _____

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		

MAIL TO: NEWPORT POLICE DEPT, RECORDS DEPARTMENT, 200 S. WASHINGTON AVE., NEWPORT, WA 99156
 PHONE: (509) 447-5611 FAX: (509) 447-2226