

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

TODAY'S DATE: \_\_\_\_\_ REPORT/CASE #: \_\_\_\_\_

REQUESTING COPIES  REQUESTING VIEWING

NOTE: We will respond within five (5) 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 REQUESTED: \_\_\_\_\_

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

BODY-WORN CAMERA FOOTAGE REQUESTED

**NOTE: IF YOU ARE REQUESTING BODY-WORN CAMERA VIDEO, YOU MUST ALSO COMPLETE THE ATTACHED FORM AND PROVIDE ALL REQUESTED INFORMATION. NEWPORT PD WILL NOT RELEASE BODY-WORN CAMERA VIDEO UNLESS A FULLY COMPLETED FORM HAS BEEN SUBMITTED BY THE REQUESTOR.**

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 \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 \_\_\_\_\_

**INFORMATION BELOW FOR RECORDS USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**

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 HIPAA (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 \_\_\_\_\_