

**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