



LAW ENFORCEMENT SUPPORT AGENCY

930 Tacoma Avenue South, Room 239
Tacoma, Washington 98402

Telephone: (253) 798-7441



Public Records Request

Write or print legibly.

I hereby request to *(check one)* obtain a copy of / review the below listed material(s). This request is made pursuant to RCW 42.56, The Washington Public Records Act.

Material being requested	
Case Number	Identify Document/Material (e.g. Police Report)

Incident information	
Date of Incident	Location of Incident (where did this happen? Be as specific as possible.)
Type of Incident (Assault, Theft, etc)	
Name(s) of people involved	

Requestor information			
Full Name			Telephone Number ()
Street Address	City	State	Zip
			Claim Number (Insurance companies only)
I am <input type="checkbox"/> The victim <input type="checkbox"/> Representing the victim under RCW 10.97.070 <input type="checkbox"/> Other (please clarify)			

Please read and sign the following statement:

I understand that processing of my request will not commence until the complete request form is returned to this department by the requestor. In accordance with RCW 42.56, I acknowledge that this request may require up to 15 business days to process. I further understand that if copies of the above document are requested, a fee may be assessed in accordance with the LESA Fee Schedule.

Signature _____ Date _____ Firm Name (if applicable) _____

Do Not Write In The Space Below

Reviewing Agency		Releasing Agency		I hereby acknowledge receipt / review of the above described materials
Reviewed by		# of Copies	Fee	Date
Date	Release? Yes <input type="checkbox"/> No <input type="checkbox"/>	Released By		Signature