



LAW ENFORCEMENT SUPPORT AGENCY

County City Building
930 Tacoma Avenue South, Room 239
Tacoma, Washington 98402

Telephone: (253) 798-7441



REQUEST FOR INSPECTION OF RECORDS Pursuant to RCW 10.97.080

I, _____, request that any and all information maintained by the Tacoma Police Department and/or the Pierce County Sheriff's Department and pertaining to my Criminal History be made available for my inspection. I understand that in order to protect my privacy, I will be required to submit the below information as well as my fingerprints to ensure my identity.

Alias/Previous Names: _____.

Date of Birth: _____ . Place of Birth: _____.

Race: _____ . Sex: _____ . Social Security Number: _____.

Diver's License #: _____ . Licensing State: _____.

Military ID #: _____ . Phone #: _____.

Street Address: _____.

City: _____ . State: _____ . Zip: _____.

If you require assistance of any kind in reading or understanding your criminal history information, you may designate a person to be present and assist you during the review.

Translator/Assistant Name: _____.

Translator/Assistant Address: _____.

Signature of Applicant: _____.

Date of Application: _____.

Do Not Write In The Space Below

Date Sent to Ident:			
Checks Done:	Cards: Yes / No	CH: Yes / No	WASIS/NCIC III: Yes / No
Checks by:			