

**Sumner Police Department
Records Check**

Name _____ DOB ____/____/____
Last First Middle mo. day yr.

LKA Address _____ Phone# _____

Social Security _____ Washington Lic/ID No _____

Other (Include Alias) _____

PERSONS

Warrants _____

Driver Status _____ CCDR _____ ADR _____

DOL PHOTO _____

DOC _____

Criminal History _____ Department Records _____

Reverse Directory _____

MOTOR VEHICLES

License Number _____ VIN# _____

Trailer Plate _____

All Vehicles Registered _____

PROPERTY

Item _____ Model _____ Serial _____

Gun Make _____ Model _____ Serial _____ Caliber _____

Other _____

Priority: Urgent _____ Routine _____ Return to _____

If other than Submitting Officer

Submitted: _____ Completed _____
Officer/Date Dispatch/Records/Date