CITY OF SUMNER
1104 Maple Street, Suite 140
Sumner, Washington 98390-1423
253.863.6384 – Fax: 253.891.3290

Sumner Police Department
Colleen Wilson, Chief

RECORDS DISCLOSURE REQUEST

DATE OF REQUEST _____ CASE NUMBER _____

TYPE OF INCIDENT _____

TIME OF REQUEST _____ DATE OF INCIDENT _____

LOCATION OF INCIDENT _____

RECEIVED BY: ☐ FAX ☐ FRONT COUNTER ☐ MAIL ☐ PHONE

NAME OF PERSON INVOLVED IN CASE _____

YOUR NAME: _____
Print Full Name Signature

ADDRESS _____

PHONE NUMBER (Day) _____ (Evening) _____

YOUR INVOLVEMENT IN CASE (i.e.: Victim, Attorney, Insurer, Etc.)

_____

REASON FOR REQUEST (If Criminal) _____

_____

Note: The following charges apply for the copying of Accident or Case Reports: Reports under 20 pages are free any additional pages are 15 cents each.

FOR OFFICIAL USE ONLY

Reviewed By: _____ Date: _____ Approved [ ] Yes [ ] No

Date Disseminated: _____

What Was Released: _____

_____

Declined: _____

Amount Charged _____ Specialist: _____ Per # _____

Notes: _____

_____