

**STANWOOD POLICE DEPARTMENT
RECORDS REQUEST**

REQUEST TYPE: Copy of Case Report Number _____
 Clearance Letter/Criminal History Request (Stanwood PD records only)
 Other, please specify:

Names Involved: _____

Date/Location of incident: _____

Reason for Request: _____

Requested by: Name _____

Address/Agency _____

Phone _____

I understand that secondary dissemination of this information is prohibited unless in compliance with RCW 10.97.050 and RCW 42.56

Signature Date

FOR OFFICE USE ONLY

Dissemination of Information YES NO

Information Released: _____

Released by: _____ Date: _____