



STANWOOD POLICE DEPARTMENT RECORDS REQUEST

REQUEST TYPE:

Copy of Case Report Number:

Clearance Letter/Criminal History Request (**Stanwood PD 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

**TO SUBMIT, save to your computer and e-mail to
Stanwood.Police@snoco.org or print it and turn in to our office**

FOR OFFICE USE ONLY

Dissemination of Information

YES

NO

Information Released:

Released by:

Date