



## Public Disclosure/Report Request

Castle Rock Police Department

141 A St SW/POB 475

Castle Rock, WA 98611

Phone: (360)274-4711 Fax: (360)274-4318

Requestor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
(PLEASE PRINT) Last, First Middle Initial

Agency: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

\_\_\_\_\_ Incident Location: \_\_\_\_\_  
City, State ZIP

Subject of Record: \_\_\_\_\_  
Last Name First Name Middle

Subject's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If record is on someone other than the requestor, you are:  Attorney  Insurance Agent  
 Probation Officer  3<sup>rd</sup> Party Representative  Other (Please Specify): \_\_\_\_\_

Briefly describe the information you wish to receive, **including the case number if known**:

\_\_\_\_\_  
\_\_\_\_\_

What is the purpose of your request? \_\_\_\_\_

\_\_\_\_\_

Action requested:  Inspection of record only.  Copy of record  Other: \_\_\_\_\_

I understand that processing of my request will not commence until this department receives the identifying data. Unclear requests will be returned for clarification. I understand that I will be responsible for any fees that may result from this request.

\_\_\_\_\_  
Signature of Requestor

Washington State Criminal History Information is available by going to [www.wa.gov.wsp](http://www.wa.gov.wsp)

**RECORDS DEPARTMENT COMPLETES BELOW THIS LINE**

Identification used: \_\_\_\_\_ Checked By: \_\_\_\_\_ Case #: \_\_\_\_\_

Mail Report: YES Date Mailed: \_\_\_\_\_