

POLICE REPORT REQUEST

Tulalip Police Department 6332 31st Ave NE, Suite A Tulalip, WA 98271 Emergency 360-716-9911 Non-Emergency 360-716-4608 360-716-5999 - Fax

Date:	
REQUESTOR INFO	RMATION
Name:	
Agency:	
Phone:	
INCIDENT INFOR	MATION
Case Number:	
Date Occurred:	
Names Involved:	
Address Where Occurred:	
Incident Type:	
Reason for Request:	
We are requesting that Tulalip Police Department release an only.	rrest and/or investigation records for official use
There is a \$10.00 fee for a Police report, if pictures ne dollars. I understand that it will take Tulalip Police Department for the release of these records.	
I understand that Tulalip Police Department records are p 551 and 552 and that we cannot and will not use the inform or reveal their contents to any persons, without official purp This request is made in accordance with the above informationly and no disclosure will be made to anyone without official purp the second of the	nation form these records for any unofficial use oose. ation. Our need for records is official purposes
(Printed Name of Requestor)	(Signature of Requestor)