

## **Tukwila Police Department**

Request for Police Records/Reports

Your request will be processed within five business days. The response can be in the form of providing the requested documents, providing a redacted version of the requested documents, providing an approximate time frame for providing the requested documents, or denying the request.

Requests can be made to: PDRecords@TukwilaWA.gov

Tukwila Police Department - Attn: Records - 6200 Southcenter Blvd - Tukwila, WA 98188

Fax: 206-244-6181

Number:			Date:			
Request	tor: Please provide the	following information				
	First Name		Middle Initial	Last Name	Last Name	
	Street Address		City	State	Zip Code	
-	Home Phone		Cell Phone	Work P	Work Phone	
			Email Address			
I would li	ike to request the	following:				
☐ Copy of Police Report		Involved Parties				
Clearance Letter		Applicant Name				
		Date of Birth				
		Tukwila Address				
		Dates at this address				
Other Public Record Descr		Describe Record:				
FOR TP	D USE ONLY					
☐ Ide	ntification Verified/Ch	necked by				
□ 5□	Day Letter Sent on		Name/	Badge #	Date	
			Name/Badge #		Date	
☐ No	☐ No Record		Name/Badge #		Date	
☐ Re	Record/Report Released (redactions attached)				24.0	
□ <b>D</b> a	Record/Report Denied Pursuant to		Name/Badge #		Date	
⊔ ке	cora/Report Denied F	rursuant to	Cite Statute	Name/Badge #	Date	
☐ Ma	iled by USPS on			<u></u>		
☐ Pro	ovided copy at the sta	ition on		<u> </u>		
☐ Fax	xed on (transmittal attached	<u></u>		<u> </u>		
☐ Em	nailed on (email attached)			<u></u>	Updated 07.2014	