

# Seattle Police Department Information Request

**Requestor's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Agency, Firm, or Client: \_\_\_\_\_ Phone # \_\_\_\_\_

**Additional Information if the incident/case number is unknown:**

(Include Date, Time, Location, other names in the report)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Requestor's Signature:</b>  <b>X</b>	<b>Today's Date:</b>	<b>Incident or Case #:</b>
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**For Criminal History Review and Clearance Letters Include:**

Other Names Used: \_\_\_\_\_

Birth Date: \_\_\_\_\_ State ID # \_\_\_\_\_

<b><u>For 911 Calls Include:</u></b>	Date of call: _____	Time of Call: _____
Caller's Name: _____	Phone Number Called from: _____	

**Notice**

If you believe information has been withheld or redacted in error you may submit a letter of appeal stating your reasons, and a copy of this form within seven days to:

Chief of Police  
Seattle Police Department  
PO Box 34986  
Seattle, Washington 98124-4986

## Official Use Only

Request Received:     Counter                       Mail                      Received by: (Ser#) \_\_\_\_\_

Information Requested:  Police Incident Report                       Collision/Accident Report  
 Clearance Letter     Public Disclosure (PDR)  
 Criminal History Review                                       911 Call

Requestor is:                       Victim/Driver/Registered Owner                       Suspect  
 Witness/Complainant/Citizen                                       Authorized Agent

ID Verified: \_\_\_\_\_ Disclosed by: (Ser#) \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Print and complete this form and present the form in person at the SPD Public Request Unit located at 610-5<sup>th</sup> Ave, Seattle, or mail the complete form to Seattle Police Department, Public Request Unit, PO Box 34986, Seattle, WA. 98124-4986, along with a copy of your photo identification.