

## **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:	
REQUE	STOR INFORMATION
Name:	
Agency:	
INCID	ENT INFORMATION
Case Number:	
Date Occurred:	
Names Involved:	
Incident Type:	
Reason for Request:	
We are requesting that Tulalip Police Depart only.	tment release arrest and/or investigation records for official use
dollars.	ce Department up to 10 business days to honor my request
551 and 552 and that we cannot and will no or reveal their contents to any persons, without	e above information. Our need for records is official purposes
(Printed Name of Requestor)	(Signature of Requestor)