



REPORT / INCIDENT REQUEST

Tulalip Police Department
6103 31st Ave NE
Tulalip, WA 98271
360-716-4608 - Phone
360-716-5999 - Fax

Date: _____

REQUESTOR INFORMATION

Name: _____

Agency: _____

Phone: _____

INCIDENT INFORMATION

Case Number: _____

Date Occurred: _____

Names Involved: _____

Address Where Occurred: _____

Incident Type: _____

Reason for Request: _____

We are requesting that Tulalip Police Department release arrest and/or investigation records for official use only.

There is a \$10.00 fee for a Police report, if pictures are requested with this report; the fee will be \$30.00.

I understand that it will take Tulalip Police Department up to 5 business days to honor my request for the release of these records.

I understand that Tulalip Police Department records are protected under 5 United States Codes Sections 551 and 552 and that we cannot and will not use the information from these records for any unofficial use or reveal their contents to any persons, without official purpose.

This request is made in accordance with the above information. Our need for records is official purposes only and no disclosure will be made to anyone without official statutory purpose.

(Printed Name of Requestor)

(Signed Name of Requestor)