



# Seattle Police Department Public Disclosure Request

Public Request Unit \* 610 5<sup>th</sup> Ave, PO Box 34986 \* Seattle, WA 98124-4986  
Phone (206)684-5481 \* Fax (206) 684-5240\* email [spdpdr@seattle.gov](mailto:spdpdr@seattle.gov)

<b>Name:</b>
<b>Address (address/city/state/zip)</b>
<b>Email Address</b>

## Incident Information

<b>Date of Incident</b>	<b>Time of Incident</b>
<b>Location of Incident</b>	
<b>Investigating Officer</b>	<b>Serial Number</b>
<b>GO Number</b>	

<b>Description of record(s) requested. Please specify your request by checking the appropriate box(es) below and adding detail in the space provided, if applicable.</b>	
<input type="checkbox"/> Incident Report <input type="checkbox"/> 911 Call <input type="checkbox"/> Video <input type="checkbox"/> Follow-up <input type="checkbox"/> Other: _____	
<b>I prefer to receive these records in the following format:</b>	
<input type="checkbox"/> Electronic (CD/DVD/Scanned Documents)-will incur cost of the media/scanning costs. <input type="checkbox"/> Paper copy (Fifteen cents per page for requests exceeding 20 pages). There is no charge for requests under 20 pages. A letter with the amount due will be mailed to you once the records are available for release. The records will be mailed once full payment is received. <input type="checkbox"/> View by appointment (No charge for viewing records by appointment).	

<b>X</b>	
<b>Requestor's Signature</b>	<b>Today's Date</b>

Official Use Only					
<b>Date Received:</b>		<b>Received by: (Ser#)</b>		<b>PDR#</b>	
<b>ID Verified</b>		<b>Serial #</b>		<b>Date:</b>	