

REQUEST FOR INSPECTION OF RECORDS
Pursuant to RCW 10.97.080

I, _____, request that any and all information maintained by the Tacoma Police Department, the Lakewood Police Department, and/or the Pierce County Sheriff's Department and pertaining to my Criminal History be made available for my inspection. I understand that in order to protect my privacy, I will be required to submit the below information as well as my fingerprints to ensure my identity.

Alias/Previous Names: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Social Security Number: _____

Driver's License #: _____ Licensing State: _____

Military ID #: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If you require assistance of any kind in reading or understanding your criminal history information, you may designate a person to be present and assist you during the review.

Translator/Assistant Name: _____

Translator/Assistant Address: _____

Signature of Applicant: _____

Date of Application: _____

Do Not Write In The Space Below

Date Sent to Ident:						
Checks Done:	Cards:	CH:	WASIS/NCIC III:			
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Checks by:						