

**REQUEST FOR RELEASE OF POLICE RECORDS**  
Return Completed Form to [cityprosreports@spokanecity.org](mailto:cityprosreports@spokanecity.org)  
or to our office at 909 West Mallon Avenue.

**Request for:**

Traffic/Infraction Police Records  
Criminal Police Records

Date: \_\_\_\_\_

**OFFICE OF THE CITY PROSECUTING ATTORNEY**

I, the undersigned, hereby request the release of the document(s) or information described herein, in accordance with the following terms and conditions. I understand neither the County nor City of Spokane, nor do their employees, jointly or individually, make any warranty, either actual or implied, as to the accuracy of the documents or information contained therein. Discovery can take 21 days under CrRLJ 4.7, but this office will attempt to produce police reports within a few days.

**Defendant Information:**

\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      DOB xx/xx/xxxx

**Case Information:**

**Auto Accident:**  Yes  No  
(Check One)

\_\_\_\_\_  
Police Report Number(s)                                      Case / Ticket Number

\_\_\_\_\_  
Charge 1                                      Charge 2

\_\_\_\_\_  
Charge 3                                      Charge 4

**Requestor Information:**

**Defense Attorney**

*Private Defense Attorneys may request electronic transmissions by email.*

\_\_\_\_\_  
Last Name                      First Name                      MI

\_\_\_\_\_  
Law Firm                      Telephone                      Bar Nbr

\_\_\_\_\_  
Email **ONLY IF** report is to be emailed. Otherwise, leave blank and it will be held at the front desk of office.

\_\_\_\_\_  
Signature

**Defendant / Individual / Pro Se**

*Records released directly to defendants are subject to redaction prior to release. Hard copies of police reports must be picked up at our office, 909 W. Mallon Avenue.*

\_\_\_\_\_  
Last Name                      First Name                      MI

\_\_\_\_\_  
Signature

**Office Use Only:**

\_\_\_\_\_  
Request Filled By (Clerk Signature)  
Emailed                      Front Desk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Report Picked Up By

\_\_\_\_\_  
Date