



# SPOKANE POLICE DEPARTMENT



**FRANK G. STRAUB, JR.**  
CHIEF OF POLICE

## Request for Expungement of Non-Conviction Criminal History Record Information

Name (Print): \_\_\_\_\_  
Last First MI

Maiden Name/Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Days): \_\_\_\_\_

I request the following non-conviction charge(s) are expunged from the Spokane Police Department /Sheriff's Office records in accordance with RCW 10.97.060.

Date of Offense	Charge Description	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requestor's Signature \_\_\_\_\_ Date: \_\_\_\_\_