



PUBLIC DISCLOSURE REQUEST
BREMERTON POLICE DEPARTMENT
 1025 Burwell St., Bremerton, WA 98337 – (360) 473-5220
Write or Print Legibly



I hereby request to (check one) **obtain a copy of** / **review** the below listed material(s). This Request is made pursuant to RCW 42.17, The Washington Public Disclosure Act.

MATERIAL BEING REQUESTED	
Case Number	Identify Document/Material (e.g. Police Report)
INCIDENT INFORMATION	
Date of Incident	Location of Incident (Where did this happen? Be as specific as possible)
Type of Incident (Assault, Theft, etc.)	
Name(s) of people involved	

REQUESTOR INFORMATION *			
Full Name		Telephone Number ()	
Street Address	City	State	Zip Code
			Claim Number (Insurance companies only)
I am <input type="checkbox"/> The Victim			
<input type="checkbox"/> Representing the Victim under RCW 10.97.070			
<input type="checkbox"/> Other (please clarify in box at right)			

Please read and sign the following statement: I understand that processing of my request will not commence until the complete request form is returned to this department by the requestor. In accordance with RCW 42.17.320, **I acknowledge that this request may require up to 5 business days to process.** I further understand that if copies of the above document are requested, a fee may be assessed.

Do Not Write In the Space Below

Reviewing Agency		Releasing Agency		I hereby acknowledge receipt / review of the above described materials
Reviewed by		# of Copies	Fee	Date
Date	Release? <input type="checkbox"/> Yes <input type="checkbox"/> No	Released By		Signature

*** If you are an attorney seeking accident information, please attach a signed waiver/release of information.**