



MOSES LAKE POLICE DEPARTMENT

CRIMINAL HISTORY RECORD REQUEST

REQUESTED ON:

LAST NAME: _____ FIRST _____ MIDDLE _____

DOB _____ / _____ / _____ RACE _____ SEX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS _____ CITY _____ STATE _____

REQUESTED BY:

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGENCY _____ PHONE _____

INFORMATION REQUESTED:

PURPOSE

Record requests will be processed within five (5) working days from the day it is received. Records will not be disseminated if filed through the Grant County Prosecutor's Office until adjudicated.

There is a \$15.00 fee, and must be paid in full before records will be disseminated. All requests will be mailed upon completion.

All requests are processed within the laws of the state of Washington, RCW 42.17 and RCW 10.97.

Any records may not be revealed to any other individual and or agency, or used for any other purpose than stated on this form, without the consent of the Moses Lake Police Department.

RECEIPT NO. _____ DATE REC'D. _____ TAKEN BY _____