

**Bothell Police Department
Request for Information - Record Check**

Positive ID Required - Print and complete 2 copies

Date: _____

Information Requested on:

Name: _____ DOB: _____ CR/MIR#: _____

Agency: _____

Address: _____

Phone: _____

Record(s) being requested: _____

Reason for request: _____

Trial Date: _____ Court: _____

**FOR INTERNAL USE ONLY
Processing Information**

Request made by: _____ Phone _____ Mail _____ In Person _____ Fax _____ Other

Request to be: _____ mailed _____ picked up _____ faxed

Paid by: _____ Receipt#: _____

Processed by: _____