UNIVERSITY OF WASHINGTON POLICE DEPARTMENT

External Records Request

*Date of Incident		*Time		UWPD Case/Evidence #	
Local Case/Cause #			*Units		
*Nature of Incident		Location			
*Involved Party			*Date of Request		

Items Requested:

☐ Reporting 911/Telephone Calls ☐ Initial Radio Dispatch

☐ CAD Log ☐ Incident Report/Case Packet

☐ Officer/Victim/Witness Statement ☐ Other (specify below)

Requestor Comments:

*Requested By	
*Contact Information	
*Relationship to Case/Agency	

UWPD Comments:

Processed By		Date	
Returned To		Date	
Incident #		Tape/CD Made	☐ Yes ☐ No

*Items preceded by an asterisk must be completed.

Please complete and forward to UW Records at policerecords@uw.edu or mail to 3939 15th Avenue NE, Seattle, WA 98105