SUNNYSIDE POLICE DEPARTMENT
401 Homer Street Sunnyside, WA 98944
(509) 836-6211

REQUEST FOR RELEASE OF SUNNYSIDE POLICE DEPARTMENT POLICE RECORD

I, the undersigned do hereby request the release of the documents or information described herein to the persons described herein in accordance with the following terms and conditions. I understand that neither the City of Sunnyside or their employees individually make any warranty, either actual or implied, as to the accuracy of the documents or information released pursuant to this release.

I hereby covenant to hold the City of Sunnyside and their employees individually harmless and blameless for any injury to myself or others resulting from the release of documents or information pursuant to this release and in case any suit shall be brought against the City of Sunnyside or their employees individually in regard to the contents or release of the documents or information describe herein. I hereby covenant to assume the defense thereof, and to pay any and all costs, charges attorneys fees and other expenses, and all judgments that my be incurred or obtained against the City of Sunnyside, or their employees individually.

SUBJECT INFORMATION:
APPLICANT'S NAME:_____
FIRST MIDDLE LAST
DATE OF BIRTH:_____ PHONE NO#:_____

SEX: _____ RACE:_____ DRIVERS LICENSE # _____

_____
STREET ADDRESS CITY STATE
APPLICANT'S SIGNATURE: _____

REQUESTER INFORMATION:
DATE: _____ PHONE: _____

NAME:_____
FIRST MIDDLE LAST

_____
STREET ADDRESS CITY STATE
REQUESTER'S SIGNATURE _____

On this day personally appeared before me _____, satisfactorily proved to me to be the person described in the within and foregoing instrument and acknowledged that he signed the same as his/her free and voluntary act for the uses and purposes therein mentioned. Dated this _____ day of _____, _____.

_____
Notary Public in and for the State of Washington, residing in Sunnyside.