

**CITY OF MATTAWA  
MATTAWA, WA 99349  
(509) 932-4037**

Police Report Request

**Requested Information**

Case # \_\_\_\_\_

Name of Defendant \_\_\_\_\_

Date of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

**OR**

Copy of **driver's license** of subject requesting report

**Person Requesting Information**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Cost per Police Report \$10.00**

**Received By:** \_\_\_\_\_ **Date** \_\_\_\_\_