



REGIONAL ANIMAL PROTECTION SERVICE  
NANCY HILL  
REGIONAL DIRECTOR

SPOKANE COUNTY REGIONAL ANIMAL PROTECTION SERVICE (SCRAPS)  
REQUEST FOR RELEASE OF RECORDS

*Please print*

Today's Date: \_\_\_\_\_

Date/Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Names of involved people: \_\_\_\_\_  
(Last) (First) (M.I.) (DOB)

\_\_\_\_\_  
(Last) (First) (M.I.) (DOB)

**Describe the Records or Information Requested:** (Please be as specific as possible as to what you need, Details of the incident aren't necessary - just what incident you want records for, i.e. Call ID numbers/ Report Numbers/address or location of event)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

MAILING Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

I, the undersigned, do hereby request release of information described above to the requestor named in accordance with the following terms and conditions. I understand that neither the County of Spokane, nor their employees individually make warranty actual or implied, as to the accuracy of documents or information released pursuant to this request.

REQUESTOR'S SIGNATURE: \_\_\_\_\_

(Please circle one: Victim//Suspect//Insurance Co//Attorney//uninvolved)



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