



**DETENTION SERVICES**  
DIRECTOR MICHAEL W. SPARBER

**REQUEST FOR RELEASE OF JAIL RECORDS**

*Within 5 business days, Spokane County Detention Services will respond by:*

- 1. Providing the information requested:*
- 2. Acknowledgement that your request was received and will provide a reasonable estimate of the time needed to review your request, or*
- 3. Deny your request.*

INMATE'S NAME: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First MI*

BOOK-IN DATE: \_\_\_\_\_ RELEASE DATE: \_\_\_\_\_

1. Information or documents requested – be specific; include case/arrest numbers. (Do not use this form for inmate medical records.):

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

2. Do the records need to be certified: YES \_\_\_\_\_ NO \_\_\_\_\_

3. Your name: \_\_\_\_\_ Relationship to inmate: \_\_\_\_\_  
*Please Print*

4. Phone number: ( ) \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

5. Requestor's Signature: \_\_\_\_\_

**Business hours: 8:30 a.m. to 4:30 p.m., Monday – Friday Closed 12:00 – 1:00 p.m.**

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**OFFICE USE ONLY:**

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Request processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_