

WAC 446-20-400 Form of request to inspect record.

INSPECTION OF RECORD REQUEST
(RCW 10.97.080/WAC 446-20-070)

Agency

Agency No

Date

Time

I,, do hereby request to inspect my criminal history record information maintained in the files of the above named agency. In order to ensure positive identification as the person in question, I am submitting my fingerprints in the space below.

(Fill in where applicable box)

Because I am unable to read ; do not understand English ; other reason ; I hereby designate and consent that (Print Name), whose address is, read or otherwise described or translated to me the criminal history record information concerning myself.

.....
.....

Prints of right four fingers (Signature or mark
taken simultaneously of Applicant)

.....

(Address)

.....

.....

(Signature of Designee)

[Statutory Authority: Chapters 10.97 and 43.43 RCW. WSR 21-05-044, § 446-20-400, filed 2/11/21, effective 3/14/21; WSR 10-01-109, § 446-20-400, filed 12/17/09, effective 1/17/10. Statutory Authority: RCW 10.97.080 and 10.97.090. WSR 80-08-057 (Order 80-2), § 446-20-400, filed 7/1/80.]