

THURSTON COUNTY SHERIFF'S OFFICE JAIL RECORDS REQUEST (All TCCF Incarceration Dates)

You	r Name:	Phone#		
Mail	ling Address:			
	ling Address:Street)	(City)	(State)	(Zip)
	full name of the individual you are is of Birth:	nquiring about:		
Sign	ature of Requestor:			
Date	e of Request:			
	_			
**	*** THE FOLLOWING INFORM. F	ATION IS PROVIDE RCW 70.48.100	D FREE C	OF CHARGE ****
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1)	Date and Time Booked:			
	Cause # /Charge(s) :			
	Date and Time of Release:			
	Manner of Release:			
2)	Date and Time Booked:			
_,	Cause # /Charge(s) :			
	Date and Time of Release:			
	Manner of Release:			
3)	Date and Time Booked:			
	Cause # /Charge(s) :			
	Date and Time of Release:			
	Manner of Release:			
4)	Date and Time Booked:			
	Cause # /Charge(s) :			
	Date and Time of Release:			
	Manner of Release:			
5)	Date and Time Booked:			
	Cause # /Charge(s) :			
	Date and Time of Release:			
	Manner of Release:			
6)	Date and Time Booked:			
	Cause # /Charge(s) :			
	Date and Time of Release:			
	Manner of Pologge			

Date and Time Booked:	
Cause # /Charge(s):	
Date and Time of Release:	
Manner of Release:	
Date and Time Booked:	
Cause # /Charge(s):	
Date and Time of Release:	
Manner of Release:	
Name of Staff Releasing Info and Personnel#	Date info Released

ATTENTION: If you are requesting FULL criminal history information, this must be requested through Washington State Patrol (WSP) either online at watch.wsp.wa.gov or in person at 3000 Pacific Ave SE, Lacey, WA 98501. For questions on records call WSP at (360) 534-2000.

FORMS/R4 RECORDS

cc: Inmate file

Revised 01/27/15 inmatesjailrecs2-All.frm