



THURSTON COUNTY SHERIFF'S OFFICE
JAIL RECORDS REQUEST
(Last Incarceration Date)

Your Full Name: _____ D.O.B.: ____ / ____ / ____ Phone# _____

Full Mailing Address: _____
(Street)

(City) (State) (Zip)

The **full name** of the individual you are inquiring about: _____
Date of Birth: _____

Signature of Requestor: _____
Date of Request: _____

****** PER RCW 70.48.100, THE FOLLOWING INFORMATION MAY BE
PROVIDED FREE OF CHARGE ******

Arrestee Full Name: _____
Arrestee DOB: _____
Date and Time Booked: _____
Cause# /Charge(s) : _____

Date and Time of Release: _____
Manner of Release: _____

NOTE: Only the last incarceration date information will be provided above free of charge.

******* THE ABOVE INFORMATION IS PROVIDED FREE OF CHARGE *******

Name of Staff Releasing Information

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.