



Police Department
54 E. Moore Street
Walla Walla, WA 99362
(509) 527-4434

I, _____, am the custodial parent or guardian of
(Print Name)

_____, date of birth, _____,
(Name of juvenile subject of the record request.)

And I am requesting records pursuant to RCW 42.56.

In accordance with RCW 9A.72.085, I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

(Signature) _____
(Date) _____
(Place)