

Request for Confidentiality

Return completed form to the inspector or investigator with whom you are working.

Program Name: _____ Case Number: _____

I am requesting that my identity not be disclosed as part of the case file, and I am not willing to provide a statement unless my identity remains confidential.

I understand that, if I request confidentiality, my identity will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this entire statement may be made available to other agencies if it will assist them in the performance of their statutory functions.

I declare under penalty of perjury of the laws of the state of Washington that the foregoing is true and correct.

Printed Name

Signature

Date

Mailing Address

City

State

Zip Code

Phone Number