

**CHELAN COUNTY REGIONAL JUSTICE CENTER (CCRJC)
PUBLIC RECORDS REQUEST**

Requester's Name: _____

Mailing Address: _____
Street City, State, Zip

Daytime Phone: _____ Email: _____

Description of records (Please be specific as possible. If unknown, include document title, type of record, date or date range, etc.)

What is the purpose for the request of this information? *Ex: court, insurance, etc.* (voluntary)

After CCRJC retrieves the requested records, I request:

☐ Inspection only ☐ Copy all ☐ Inspection, then copy selected pages

I understand that the processing of my request will not commence until the identifying data is received by this department. The person submitting the Public Disclosure request will receive a response within 5 business days.

Pursuant to RCW 42.56.070, a fee of .15 cents per page and fees for postage can be assessed with your request.

Signature

Date

FOR USE BY PUBLIC RECORDS OFFICER		
	DATE	INITIALS
DATE RECEIVED	_____	_____
FIVE DAY NOTICE SENT	_____	_____
REQUEST SATISFIED	_____	_____
REQUEST DENIED	_____	_____
EXEMPTION STATEMENT	_____	_____