



Chelan County Sheriff's Office  
401 Washington St., #1  
Wenatchee, WA 98801  
Records Division (509) 667-6875  
Email: [sheriff.records@co.chelan.wa.us](mailto:sheriff.records@co.chelan.wa.us)

## **RECORDS REQUEST FORM**

Pursuant to RCW 42.17 Washington State Public records Disclosure Act, I request to review or receive a copy of records maintained by the Chelan County Sheriff's Office and do assert my identity to be:

Name of Requestor: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone number: \_\_\_\_\_

Incident No: \_\_\_\_\_ Incident Date: \_\_\_\_\_ Incident Type: \_\_\_\_\_

List specific records you are requesting: \_\_\_\_\_

Your relationship to Incident: \_\_\_\_\_ (Optional)  
Victim, Defendant, Parent, etc.

Names of individuals involved and/or any additional information:

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How would you like to receive a response? (Please print information)

Mail: \_\_\_\_\_

Email: \_\_\_\_\_

Call for pickup: \_\_\_\_\_

Other: \_\_\_\_\_

Responsive materials are subject to review, production fees, and are released pursuant to public records dissemination statutes.

### **Per RCW 42.56.520 Prompt Responses Required.**

Our agency has 5 business days to respond to a Public Records Request. This response may include a copy of the incident report, an estimation of additional time needed to complete the request, or a denial of request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* This page is for official use only \*\***

# PDR Tracking

Date received: \_\_\_\_\_

# of pages\_\_\_\_\_ @ .15 per page \_\_\_\_\_ + postage:\_\_\_\_\_ + photo fees\_\_\_\_\_ +disk fee\_\_\_\_\_ = due\$\_\_\_\_\_

Date fee paid: \_\_\_\_\_ Receipt # \_\_\_\_\_

Request to be :      e-mailed                      mailed                      picked up

**Include below; correspondence, emails, telephone calls, and anything that related to this PDR request:**

[illegible]