

CHELAN COUNTY SHERIFF'S OFFICE REQUEST FOR PUBLIC RECORDS

PROPER IDENTIFICATION IS REQUIRED

PURSUANT TO RCW 42.56, WASHINGTON STATE PUBLIC DISCLOSURE ACT, I HEREBY REQUEST COPY OF A RECORD MAINTAINED BY THE CHELAN COUNTY SHERIFF'S OFFICE AND DO ASSERT MY IDENTIFY TO BE:

NAME _____ PHONE # _____
Print

MAILING ADDRESS _____
City State Zip

AGENCY/FIRM _____ CLIENT _____

I certify that the records requested will not be used for commercial purposes and that I will not give or provide access to the material to others for commercial purposes, as prohibited by RCW 42.17.260(9).

Signature of Requestor Date

DOB _____ ID _____ VERIFIED BY _____

IDENTIFY/DESCRIBE RECORD(S) REQUESTED

PURSUANT TO RCW 42.17.320, within five business days of receiving a public record request, an agency must respond by either (1) providing the record; (2) acknowledging that the agency has received the request and providing a reasonable estimate of the time the agency will require to respond to the request; or (3) denying the public record request. Denials of requests must be accompanied by a written statement of the specific reasons or exemptions.

REQUESTED: [] COPY [] INSPECTION [] OTHER PURPOSE: _____

CASE#: _____ TYPE OF OFFENSE: _____

DATE/TIME: _____ LOCATION: _____

REPORT INVOLVES: [] SELF [] OTHERS: _____

ADDITIONAL IDENTIFIERS _____

AGENCY RESPONSE

- PROCESSING YOUR REQUEST HAS BEEN DELAYED, WE NEED:**
 - _____ Additional information to enable us to locate the record. (See REMARKS)
 - _____ Additional time to process your request. We anticipate being able to respond to your request by: _____
 - _____ Other (See REMARKS)
- FINAL AGENCY RESPONSE:**
 - _____ No record in our files.
 - _____ The record(s) is/are enclosed.
 - _____ The record(s) is available with certain information deleted. (See attached)
 - _____ The record(s) you requested will be available for inspection at on _____, no recordings or note taking will be allowed.
 - _____ Your request to inspect or copy the record(s) has been denied, in whole or in part, for the reasons given (See attached). Denial has been reviewed by the Department Head. _____
- RECORDS FEES: Printed Reports - \$1.00 for first 6 pages, each additional page @ \$.15 per page.**
 - _____ Report(s) are under 6 pages, no charge for release.
 - _____ Report(s) total _____ pages. _____ Digital (audio/photos) - \$10.00 per CD; (video) - \$15.00 per tape
 - _____ The total fee is \$ _____
 - _____ Please make checks payable to CCSO or Chelan County Sheriff's Office.

REMARKS _____

Employee _____ Date: _____ By: _____ mail _____ phone _____ person