

# CHELAN COUNTY SHERIFF'S OFFICE REQUEST FOR PUBLIC RECORDS

=====  
**Today's Date:** \_\_\_\_\_

**Incident No.:** \_\_\_\_\_  
 =====

**NOTE:** Please consider this your 5-day response as required by RCW 42.56.520. It will take approximately 30 business days following acceptance of your completed request for you to receive an incident report or response. Reports are subject to review, copying fees (see posted fees), and are released pursuant to public records dissemination statutes, including RCW 10.97; 13.50; 42.56; 46.52.

Type of Report	<input type="checkbox"/> Assault <input type="checkbox"/> Burglary <input type="checkbox"/> Collision <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Malicious Mischief <input type="checkbox"/> Theft <input type="checkbox"/> Vehicle Prowl <input type="checkbox"/> Other _____
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Date/Time of Incident: \_\_\_\_\_ Arrest:  Yes  No Deputy: \_\_\_\_\_

Exact Street Address of Incident: \_\_\_\_\_

## NAMES OF INVOLVED PEOPLE

Name: Last, First Middle	Race	Sex	DOB/Age
AKA			
Name: Last, First Middle	Race	Sex	DOB/Age
AKA			
Name: Last, First Middle	Race	Sex	DOB/Age
AKA			

## REQUESTOR'S CONTACT INFORMATION

E-Mail Address
Requested By (Please Print):
Name: _____ Phone: _____
Address: _____
RESPOND BY: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax No. _____ <input type="checkbox"/> US Post <input type="checkbox"/> Pick Up

## 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 \_\_\_\_\_