

Chelan County Juvenile Center

Administrative Records Request Form

Pursuant to General Court Rule 31.1

Requester Information:

Date of Request: _____

Printed Name: _____
Last First MI

Address: _____
Street City State Zip Code

Telephone: () _____ () _____ FAX: () _____

E-mail Address: _____

Signature: _____

Description of Requested Record (s). It is important to be as specific as possible as to name, location, date, and type of record requested. Please use additional sheets as necessary.

Subject of request: _____ **Date of Birth:** _____

☐ This is a request to inspect the records identified above.

☐ This is a request for copies of the records identified above.

☐ Other (please explain): _____

Signature of Requester

Date

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Procedures:

(1) The Chelan County Juvenile Center (CCJC) public records officer or designee will respond within five working days from receipt of this administrative records request.

(2) The procedures, the fee structure for providing records, and the process for appealing the decisions of the public records officer regarding exemptions, redaction and identification of the records can be found at <http://www.co.chelan.wa.us/juvenile>. If you would like a printed copy of the procedures, please contact the public records officer using the information noted below.

Public Records Officer: Corey Stephens

Mailing Address:

Chelan County Juvenile Court
316 Washington St., Suite 202
Wenatchee, WA 98801

Phone: (509) 667-6350

Fax: (509) 667-6583

E-mail Address: Corey.Stephens@co.chelan.wa.us

For Office Use Only:

Request Received: _____ at _____ AM/PM

By: _____