

**Chelan County Prosecuting Attorney Public Records Request Form**

401 Washington Street, 5<sup>th</sup> Floor  
P.O. Box 2596  
Wenatchee, WA 98801  
(509) 667-6202  
Email: prosecuting.attorney@co.chelan.wa.us

Pursuant to RCW 42.56 Washington State Public Records Disclosure Act, I request to review or receive a copy of records maintained by the Chelan County Prosecuting Attorney’s Office and do assert my identity to be: **(Please PRINT all information)**

**Name of Requestor:** \_\_\_\_\_

**U.S. Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Residential Phone:** \_\_\_\_\_

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

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

Investigative Agency: \_\_\_\_\_

Police Incident Number: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Names of individuals involved, date/location of incident, and/or any additional information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you like to receive a response?

- Mail to Address Listed Above                       Send to Email Address Listed Above
- Call Cell Number or Residential Number for Pickup (please identify number preference)
- Other: \_\_\_\_\_

Use For Commercial Purposes Restricted: I understand that RCW 42.56.070(8) prohibits the use of lists of individuals for commercial purposes. “Commercial purposes” means that the person requesting the records intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing below, I acknowledge that the lists of individuals obtained through this request will not be used for commercial purposes, and I am solely responsible for any consequences or damages arising from my commercial use of the list of individuals I am obtaining.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_