

GRANT 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 to review a record maintained by the Grant County Sheriff's Office and do assert my identity 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 42.56.070(9).

Signature of Requestor _____ Date: _____

DOB: _____ ID: _____ Verified by: _____

IDENTIFY/DESCRIBE RECORD(S) REQUESTED

Pursuant to RCW 42.56.520, within five 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 is needed to process your request. We anticipate being able to respond to your request by:
Other (see remarks)

Final Agency Response:

- No record(s) in our files.
The record(s) is/are enclosed.
The record(s) is available with certain information redacted (see attached).
The record(s) you requested will be available for inspection 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 Chief Administrative Deputy _____.

Records Fees: Printed reports - \$.15 per page Collision Reports - \$5.00

- Report(s) total _____ pages. Digital (audio/video) - \$10.00 per CD
The total fee is \$_____ and must be paid in full before request will be released.

You may pay by cash, check or money order, payable to GCSO or Grant County Sheriff's Office.

REMARKS: _____

Employee: _____ Date: _____ by: mail phone person