

Public Record Disclosure Request Form

Please fill out Section 1 with as much information as possible to assist staff in locating the documents you are requesting. RCW 42.56 allows five working days to respond to your request. Please be advised that there may be a \$.15 copy charge per page for the records you are requesting. You will be informed of any applicable charge prior to release of records.

Section 1 Today's Date	Requestor's Name	Phone Number	
	<u>-</u> .		
Records Requested			
Action Requested (check one	e)		
Case Number	Type of Incident		
Involved Parties			
Date/Time Reported		Incident Location	
Authorizing Document (if app	olicable)	ibpoena Deuces Tecum	
Signature of Requestor		Staff person receiving request	
on or about This case is still a Your request will be p The record you reque The record you r These records will be Please mail a check o your request with a c No record found base	been received and is being preceive and under investigation. brocessed upon completion of the invested is enclosed. requested is available. Copy held until at vor money order made payable to the	y fee of \$ is due, which time they are abandoned. ne Grays Harbor Sheriff's Office. You m ne. Office hours are Monday through Fri	at this time. please remit. nay also pick up
Remarks:			
		☐Continued on	reverse side.
Notification of final agency re	esponse:Date/Time	Person Notified	

Records Index - There is no single index of Grays Harbor County Sheriff's Office records. The Grays Harbor County Sheriff's Office has determined that maintaining a central index of its records is unduly burdensome, costly, and would interfere with its operations due to the number and complexity of records generated as a result of the wide range of law enforcement activities.

I certify that notification of final agency response was carried out as stated above._