Grays Harbor County Sheriff's Department
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. You will be contacted with the results of your request for public records in that time period. Please be advised that there may be a 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

Date_____ Name_____ Phone Number_____

Address_____

Mailing Address (if different)_____

Records requested_____

Action requested (check one) ☐ Inspection ☐ Copy ☐ Other_____

Case Number _____ Type of incident _____

Date/Time Reported_____ Incident location_____

Authorizing document (if applicable) ☐ Notarized release ☐ Subpoena Deuces Tecum

_____ _____

Signature of Requestor Staff person receiving request

Section 2 (For department use)

☐ Your request has been received and is being processed. We anticipate this will be completed _____.

☐ The record you requested is enclosed. Payment for copies received – department receipt attached.

☐ The record you requested is available. Copy fee of $_____ is due, please remit. These records will be held until _____ at which time they are considered abandoned.

☐ We need additional information to respond to your request. See remarks below.

☐ The record, or designated portions of it, you requested is exempt from release under the law. See reason(s) for denial or redaction below.

☐ No record found based on the information you provided.

☐ Other

_____

Remarks:

_____

_____

☐ Continued on reverse side.

Documentation of reason for denial: (see attached).

Notification of final agency response: _____
Date/Time Person Notified

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

_____

Please return completed form to: Grays Harbor Sheriff's Office, PO Box 630, Montesano WA 98563