

**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**

Today's Date \_\_\_\_\_ Requestor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Records Requested \_\_\_\_\_

Action Requested (check one)     Inspection     Copy     Other \_\_\_\_\_

Case Number \_\_\_\_\_ Type of Incident \_\_\_\_\_

Involved Parties \_\_\_\_\_

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 \_\_\_\_\_.
- This case is still active and under investigation. We are unable to release a copy at this time. Your request will be processed upon completion of the investigation.
- 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 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 and/or attached.
- No record found based on the information you provided.
- Other \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

Continued on reverse side.

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