



Pacific County Sheriff's Office

P.O. Box 27, 300 Memorial Drive
South Bend, WA 98586
Phone 360-875-9395 · Fax 360-875-9393

PUBLIC RECORDS REQUEST FORM

Requester's Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone Number(s): _____ E-mail: _____

Do you wish to: Inspect the records Receive copies; willing to pay up to amount indicated: \$ _____
(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).

Records requested: Please fill out the below section with as much information as possible to assist staff in locating the documents you are requesting. RCW 42.56.520 allows five working days to respond to your request.

Case # _____ Type of Incident: _____

Involved Parties: _____ Date/Time Reported: _____

Other information (if above information is not relevant to your request):

Signature: _____ Date: _____ Place of Signing: _____

FOR OFFICIAL USE ONLY

Date Received: _____ Response Required by (date) _____

Action Taken

- Approved; request fulfilled. Date: _____
- Request to be denied; IMMEDIATELY forward to Prosecuting Attorney for review. Denial Date (if denied): _____
- Record partially withheld. Notified Requester with reason for partial withholding listing exemption(s) cited. Copy of letter attached.
- Clarification needed from Requester. Contacted for clarification. Copy of letter attached.

ACTION RECOMMENDED BY PROSECUTING ATTORNEY

Comment: _____
