SHERIFF SOFER

OFFICE OF THE SKAMANIA COUNTY

SHERIFF

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Pat Bond Chief Criminal Deputy

Marlea McKenzie Chief Civil Deputy

David Waymire Jail Superintendent

REQUEST FOR PUBLIC RECORDS

REQUESTED BY								
Name:				Date:				
Address:								
City, State, ZIP:				Phone No:				
REQUESTED INFORMATION								
INCIDENT INFORMATION								
Date of Incident:	Location of I	on of Incident: Nature of Incident:						
Parties involved				Investigation Officer:			Case Number:	
REQUESTER READ AND SIGN:				COMPLETED BY CIVIL OFFICE				
I understand that secondary dissemination of any information obtained is prohibited unless in compliance with RCW 10.97.050 and RCW 42.17.310. I also understand that requested records may be redacted in accordance with RCW 42.17. I understand that I will be charged an additional \$.15 cents per page copy fee for 10 or more pages (see posted fee schedule for further information on required fees).			NO. OF	NO. OF COPIES @ \$.15		\$		
			REPORT	REPORT FEE \$15.00 EA		\$		
			AUDIO (AUDIO CD \$20.00 EA		\$		
			VIDEO C	VIDEO CD \$20.00 EA		\$		
			РНОТОС	PHOTOGRAPH CD \$10.00 EA		\$		
			CAD CA	LLS	\$5.00 EA	\$		
					POSTAGE	\$		
I understand that records will be mailed and/or made available once payment in full is received by			2					
SCSO.			TOTAL DUE:		\$			
The only acceptable form of payment is by cash or check						¥		
REQUESTER'S SIGNATURE:								
ACKNOWLEDGEMENT OF RECORDS RELEASED								
DATE OF RELEA	ASE: DATE OF BILLING		NG:	: AMOUNT RECEIVED:				
RECIPIENT'S SIGNATURE		PUBLIC RE	PUBLIC RECORDS OFFICER SIGNATURE					