



YAKIMA COUNTY SHERIFF'S OFFICE

KEN IRWIN, Sheriff

P.O. Box 1388 Yakima, Washington 98907

TELEPHONE: (509) 574-2626

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PUBLIC DISCLOSURE REQUEST

DATE: _____

TO: Yakima County Sheriff's Office

Pursuant to RCW 42.56, I hereby request copies of the following public documents:

I understand the Yakima County Sheriff's Office will respond to my request within five business days of this date, although the release of the documents I have requested may be further delayed by the need to review and clarify whether they are subject to public disclosure under RCW 42.56, and/or other related statutes. I further understand those persons or entities which are mentioned in the documents may be contacted by the Yakima County Sheriff's Office and advised of this request. I further understand that the documents I have requested may be released in a redacted form if certain portions of them are not subject to public disclosure. I further understand that I will need to **pre-pay** \$10.00 per incident report, for copies. If I wish to have the copies mailed to me, I will need to provide a stamped self-addressed envelope with sufficient postage. If the requested document(s) are not picked up or viewed within 30 days of notification, they will be re-filed. After that time, a new request will be required to obtain the document(s) and new fees will be assessed.

I swear or affirm that I am not making this request for a commercial purpose:

Signature: _____

Name: _____

Address: _____

City, State, Zip: _____ Fax: _____

Telephone: _____ Email: _____

Fee Paid: _____
\$ AMOUNT

Delivery Preference (circle one): PICK-UP FAX EMAIL

ID Verified by: _____

Date of Dissemination: _____