



YAKIMA COUNTY SHERIFF'S OFFICE

Robert Udell, Sheriff

P.O. Box 1388 Yakima, Washington 98907
Fax: (509) 574-2621

Sheriff's Office Public Records Officer, CarriAnn Ross
Telephone: (509) 574-2625

PUBLIC RECORDS REQUEST

Or file your request online at:

[https://yakimacountywa.mycusthelp.com/WEBAPP/rs/\(S\(xyhqug1hiu4qn4czjl30j25f\)\)/support/home.aspx](https://yakimacountywa.mycusthelp.com/WEBAPP/rs/(S(xyhqug1hiu4qn4czjl30j25f))/support/home.aspx)

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 pay the associated fees - \$.15 per printed document page, \$1.00 per cd/dvd, \$0.10 per scanned page, estimated printing charges, or any other fee that may be authorized or required by statute or policy. 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

Received by: _____ Date of Dissemination: _____ Initials: _____ DS#: _____