

REQUEST for PUBLIC RECORDS from SKAGIT 911

Date _____

Requestor: Please complete the information in the yellow-shaded area.

Legal Full Name of Requestor _____ Contact Telephone _____

Address _____

Note: If you are looking for a Case # of an incident you were involved in, please contact the agency that responded to the incident (law enforcement, fire, state patrol, etc.)

Record(s) Requested (case #, names, times, dates – be specific): _____

ACTION REQUESTED:

ecrecords@co.skagit.wa.us

- Copying
 - Mail the copies to me.
 - Notify me to pick up documents.
- Email
 - Email the copies to me. My email address: _____
- Inspection

Requestor's Signature _____

REQUESTOR READ AND SIGN:

- If my request is for a list of individuals, I certify that it will not be used for commercial purposes and that I will not give or provide access to the material to others for commercial purposes, as prohibited by RCW 42.56.070.

Requestor's Signature _____

DEPARTMENT / AGENCY RESPONSE

- PROCESSING YOUR REQUEST HAS BEEN DELAYED BECAUSE
 - ____ We need additional information. (See REMARKS)
 - ____ We need additional time to process your request. We anticipate being able to provide you with the requested records by _____.
 - ____ Other (See REMARKS below)
- FINAL DEPARTMENT / AGENCY RESPONSE
 - ____ The record(s) you requested is/are available.
 - ____ The record(s) you requested is/are available for inspection at _____.
 - ____ The record is available with certain information deleted. (See REMARKS)
 - ____ The record(s) you requested do not exist.
 - ____ Your request to inspect or copy the record(s) has been denied, in whole or in part, for the reasons given in the REMARKS section.

Requestor Notified: in person by mail by email by phone Date: _____

Department Head / Elected Official Signature _____ Date _____

REMARKS: _____

Signature & Date of Employee Releasing Information to Requestor: _____

Signature & Date of Requestor Receiving Records: _____