## SKAGIT COUNTY SHERIFF'S OFFICE REQUEST FOR PUBLIC RECORDS

PURSUANT TO RCW 42.56, WASHINGTON STATE PUBLIC DISCLOSURE ACT, I HEREBY REQUEST TO REVIEW A RECORD MAINTAINED BY THE SKAGIT COUNTY SHERIFF'S OFFICE AND DO ASSERT MY IDENTITY TO BE:

AGENCY/FIRM			
AGENCY/FIRM	CLIENT _		
I certify that the records requested will not be used for commercial purposes to others for commercial purposes, as prohibited by RCW 42.56.070(9).  Signature of Requestor			
to others for commercial purposes, as prohibited by RCW 42.56.070(9).  Signature of Requestor	s and that I will	not give or provide	access to the material
·			
	Date		
DOB ID	VERIFIED BY		
IDENTIFY/DESCRIBE RECOR	RD(S) REQU	ESTED	
PURSUANT TO RCW 42.56.520, within five business days of receiving a providing the record; (2) acknowledging that the agency has received the reagency will require to respond to the request; or (3) denying the public recowritten statement of the specific reasons or exemptions.	quest and provid	ling a reasonable e	stimate of the time the
REQUESTED: []COPY []INSPECTION []OTHER PUT	RPOSE		
CASE #TYPE OF O	FFENSE		
DATE/TIME OF INCIDENT LOCATION	1		
REPORT INVOLVES [ ] SELF [ ] OTHERS			
ADDITIONAL IDENTIFIERS			
FEES: First 6 pages at no charge, each additional page is \$.15 per p check or money order. If paying with cash, it is neces  CRIMINAL HISTORY	ssary for you to		
PURSUANT TO RCW 10.97, I HEREBY REQUEST TO REVI MAINTAINED BY THE SKAGIT COUNTY SHERIFF'S OFFI		NAL HISTORY	RECORD
NAMEFirst Middle Last		DATE OF BII	RTH
ALIAS NAME(S)			
Criminal History Letter: Without Notary \$15.00 With	Notary \$20.00	Sealed F	Envelope Required
SCSO RAP Sheet:\$15.00Certifi	ed No Charge	Paid	Owed
Government Pre-Employment or Security Clearance Background Check		(signed notarize	ed wavier copy required)
Special Instructions			