

SKAGIT COUNTY SHERIFF'S OFFICE

REQUEST TO INSPECT OR MODIFY PUBLIC RECORDS

CASE # _____ TYPE OF OFFENSE _____

DATE/TIME OCCURRED _____

LOCATION OF OFFENSE _____

REQUESTED BY: _____ PHONE # _____
NAME (Please Print)

NAME OF BUSINESS OR AGENCY _____

ADDRESS _____
City State Zip

Signature of Requestor Date

*** THERE IS A FEE FOR THIS INFORMATION TO BE PAID BEFORE RELEASE OF REPORT ***

PROPER IDENTIFICATION IS REQUIRED

REMARKS:

Your request to inspect, copy or modify the record(s) has been denied for the reasons given in the REMARKS block. Denial has been reviewed by the Department Head.

Signature of Department Head

Date