SNOHOMISH COUNTY SHERIFF’S OFFICE  
PUBLIC DISCLOSURE UNIT  
3000 Rockefeller Ave., M/S 606  
Everett, WA 98201  
(425)388-3769  Fax (425)388-3939  
Unit.SCSOPublicDisclosure@snoco.org

PUBLIC RECORDS REQUEST

Date: ___________________________  Name: ______________________________________

Contact Phone #: ___________________  Email Address: _______________________________

Mailing Address: _____________________  City: ___________________ State_____ Zip: ______

If you are an attorney or insurance company, please provide your client’s name: ______________________

**TIMELINE FOR PUBLIC DISCLOSURE UNIT RESPONSE**

Within 5 business days after the receipt of a public records request, we will do one or more of the following:

1. Make the requested records available for inspection or delivery.
2. Acknowledge the receipt of request and provide an estimate of when requested records will be available.
3. Acknowledge the receipt of request and provide reasonable interpretation of an unclear request with an estimate of when requested records will be available.
4. Deny the request and cite the legal exemption(s).
5. Advise if the agency has no responsive records.

**I AM REQUESTING THE FOLLOWING:**

- [ ] Report(s)
  Case number, if known: ____________________________
  Date/time of incident: ____________________________
  Type of incident: _________________________________
  Location of incident: _____________________________
  Name(s) of involved parties with date(s) of birth, if known:
    ______________________________________________
    ______________________________________________
  Responding officer(s): ____________________________

- [ ] Digital media, such as photos (if available)
  Further description of media items requested:
    ______________________________________________

- [ ] Other Documents
  Type(s) of document(s): __________________________
  ______________________________________________

- [ ] Other (please describe)
  ______________________________________________
  ______________________________________________

How would you like to receive your records?
Please select only one:
- [ ] E-Mail – Standard, unless otherwise noted
- [ ] Mail (fees may apply)
- [ ] Pick-Up (fees may apply)

Please select a preferred format:
- [ ] Email – Standard, unless otherwise noted
- [ ] Paper copy*
- [ ] Electronic media* (CD, DVD, USB)
- [ ] Viewing only (Appointment required)

*Fees are charged per RCW 36.18.040. The fee for paper copies is $0.15 per page. If a document contains 10 pages or less, there will be no charge. The fee for a CD is $1.50. The fee for a DVD is $1.60. The fee for a USB is $7.00. Postage will be charged for records that are mailed. Other fees, such as scanning large documents, may be applied per published fee chart.

PDR #