

# WALLA WALLA COUNTY SHERIFF'S OFFICE

240 West Alder Street, First Floor

Walla Walla, WA 99362-0220

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[www.co.walla-walla.wa.us](http://www.co.walla-walla.wa.us)

## REQUEST FOR DISCLOSURE OF RECORDS

Date \_\_\_\_\_ Time \_\_\_\_\_  
Name \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ State \_\_\_\_\_  
Email \_\_\_\_\_ (this is the primary means of communication)

Description of information requested (Be specific – use additional paper if necessary):

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Reason for information requested:

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Relationship to parties for whom information is requested:

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Report number:

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I wish a copy of the information or record requested and I understand that a fee must be paid in advance of receipt of records, in accordance with RCW 42.56.120. I understand that I may be required to provide identification prior to disclosure of records.

I understand the records I am requesting may not be eligible for disclosure. Furthermore, I may be required to obtain a signed release from the parties concerned if the information is contained in records other than my own.

In accordance with RCW 42.56.070(9), authority is not given to sell or provide access to lists of individuals requested for commercial purposes. I certify that any information disclosed will not be used for commercial purposes.

Signature of Requestor \_\_\_\_\_

Approved by: \_\_\_\_\_

Dispensed by: \_\_\_\_\_

*In accordance with RCW 42.56.520, this office has five (5) business days to respond to the request.*