



KITSAP COUNTY PROSECUTING ATTORNEY'S OFFICE

REQUEST FOR PUBLIC RECORDS (CHAPTER 42.56 RCW)

Complete form and fax to (360) 337-4949 or attach and email to Propublicrecords@kitsap.gov or mail to
Kitsap County Prosecutor's Office
Attn: Public Records Disclosure Team
614 Division Street, MS-35A
Port Orchard, WA 98366

****NOTE: PLEASE PRINT; INSUFFICIENT OR ILLEGIBLE INFORMATION MAY DELAY RESPONSE****

REQUESTING PARTY

<u>TODAY'S DATE:</u>		<u>REQUESTER'S FULL NAME:</u>		
<u>PHONE NUMBER:</u>		<u>MAILING ADDRESS:</u>		
		<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
<u>EMAIL ADDRESS:</u>				
<u>DATE OF BIRTH</u> (If request relates to you):		<u>CASE NUMBER(S):</u>		

IF REQUEST RELATES TO A PERSON OTHER THAN YOURSELF, PROVIDE THE FOLLOWING:

<u>FULL NAMES OF THOSE INVOLVED:</u> (First, Middle, Last)			
<u>DATE OF BIRTH:</u>	<u>COURT/CASE NUMBER</u>	<u>POLICE REPORT No.</u>	<u>LAW ENFORCEMENT AGENCY:</u>

PROVIDE DETAILED DESCRIPTION OF RECORDS REQUESTED

(Be as specific as possible; including requested document(s) name, date, and type, etc. Attach additional sheets if necessary.)

IDENTIFY DATES FOR RECORDS REQUESTED:

Is this request for civil redress purposes? No Yes

Are you requesting a list of individuals? No Yes If the answer is "yes", please complete and submit the Declaration to Release List of Individuals *before* access to the records requested can be allowed.

Please check all that apply:

1. I am requesting to inspect responsive records only: No Yes

2. I am requesting copies of responsive records, please: Mail paper copies, Mail CD, Hold for pickup, Email copies

All applicable fees and postage costs must be paid prior to receipt.
Emailed copies are subject to size restrictions.