



REQUEST FOR PUBLIC RECORDS

You may email this request to:
ICSO@ISLANDCOUNTYWA.GOV

Name of Requestor: _____

Mailing Address: _____

Street Address

Apt/Unit #

City

State

ZIP code

Phone: _____ Email: _____

Date: _____

Describe the records requested and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates.

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the State of Washington that any list of individuals obtained through this request will not be used for commercial purposes in violation of RCW 42.56.070(8).

Signature and Date

For fees associated with this request, please see Island County Resolution C-120-17 at:
<https://www.islandcountywa.gov/Documents/Public-Records-Fees-C-120-17.pdf>

Please identify how you would like to view the records:

- | | |
|--|--|
| <input type="checkbox"/> Inspect the records at Island County Sheriff's offices | <input type="checkbox"/> Receive hard copies via <i>(select one)</i> mail <input type="checkbox"/> or pickup <input type="checkbox"/> |
| <input type="checkbox"/> Receive electronic copies via email or cloud based upload | <input type="checkbox"/> Receive electronic copies via <i>(select one)</i> : flash drive <input type="checkbox"/> CD <input type="checkbox"/> mail <input type="checkbox"/> or pickup <input type="checkbox"/> |