



Lewis County Sheriff's Office - Public Record Request

INSTRUCTIONS: Complete this form and present to LCSO at 345 W. Main Street, Chehalis, Monday – Friday 9AM to 4 PM. You may also mail or fax the completed form to LCSO – Records 360-740-1476, along with a copy of your photo identification. Email: Records@lewiscountywa.gov

Requested by		
Name of Requestor:	Date of birth:	Case, Ticket # or Booking #:
Mailing Address:	Contact Phone #:	
City:	State:	Zip:

Incident Information			
Please specify your request by filling in and checking the appropriate box(es) below and add any additional information that will help us locate the record(s) for you as quickly as possible. Failure to provide information sufficient to identify the record(s) may cause a delay.			
Date of incident:	Time of incident:	Address of incident:	
<input type="checkbox"/> Incident Report	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Jail	<input type="checkbox"/> Other
Additional Information:			

I prefer to receive these records in the following format:	
<input type="checkbox"/> Emailed to: _____ (if applicable)	<input type="checkbox"/> Paper Copy <input type="checkbox"/> Fax Copy Please <input type="checkbox"/> call / <input type="checkbox"/> mail when ready

I understand that Washington State Law (RCW 42.56) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use this request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of this information I am obtaining.

I understand that a cost of 15 cents per page will be payable as a copy fee at the time I pick up the requested report or information. If requesting a CD cost will be \$6.30 per CD; or a DVD will be \$12.50 each. If requested information is not picked up within 30 days, it will be destroyed.

Requestor's Signature: _____	Date of Request: _____
-------------------------------------	-------------------------------

NOTE: Please consider this your 5-day response as required by RCW 42.56.520. Should your request take more than 5 days to process, you will be contacted. Please also be advised records are subject to copying fees and are releases pursuant to public records dissemination statutes, including RCW 10.97; 13.50; 42.56; 46.52.

INFORMATION BELOW TO BE SUPPLIED BY LEWIS COUNTY SHERIFF'S OFFICE			
*** The following information is provided free of Charge RCW 70.48.100*** Note: Only the most recent incarceration date information will be provided.			
Arrestee Information	Last:	First:	Mi:
DOB:	Date & Time Booked:	Date & Time Released:	Manner of Release:
Cause of Confinement (Charge):			

Official Use Only				
Request received via: <input type="checkbox"/> Counter <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail				
Received by: _____		Date Received: _____		
Assigned to: <input type="checkbox"/> Admin <input type="checkbox"/> Records <input type="checkbox"/> Jail		Date Assigned: _____		
Date request completed: _____		Date requestor notified: _____		
Locations searched: <input type="checkbox"/> Spillman <input type="checkbox"/> Laserfiche <input type="checkbox"/> Records Room <input type="checkbox"/> Other: _____				
Date Provided:	# of Pages:	Fee due letter:	Amount Due:	Payment Received:

Attention: If you are requesting FULL criminal history information, it must be requested through the Washington State Patrol. They are located at: 3000 Pacific Ave. SE, Lacey, WA 98503, or online at: <https://watch.wsp.wa.gov/>