

<b>REQUESTER CONTACT INFORMATION</b> <i>Please type or print legibly</i>			
Name:			
Mailing Address:		City/State/Zip:	
Email:			
Phone #:			

<b>DESCRIPTION OF RECORD(S) REQUESTED</b> <i>Please describe the specific record(s) you are requesting, including: Incident number(s), types of incidents, names and dates of births of people involved, locations, etc. Please provide as many of these details as possible to help us locate the matching record(s).</i>

If you are requesting a list of individuals, you must sign the following statement:

I declare under penalty of perjury under the laws of Washington that the following is true and correct: I will not use any requested list of individuals for a commercial purpose (profit expecting activity).

\_\_\_\_\_ Signature of Requester

\_\_\_\_\_ Date Submitted

<b>DELIVERY OPTION</b> <i>I prefer to receive my records by:</i>
<input type="checkbox"/> Web (Public Records Portal) – <b>FREE</b> for 25 or less separate incidents.
<input type="checkbox"/> US Mail – Payment letter will be mailed. When payment is received, responsive records are mailed.

## South Sound 911 Public Disclosure Fee Schedule

Electronic requests	\$6.50 per 25 separate incidents <sup>1</sup>
Cost per printed page	\$0.15
Cost per scanned page	\$0.10
Cost of CD	\$0.75
Cost of postage	Actual cost
Other charges	Per RCW 42.56.120

<sup>1</sup>Annual cost of electronic processing, file transfer and storage service divided by the annual number of electronic incident requests received. Not collected for 25 or fewer incidents per request.