Ferry County
Request for Public Records

Date: __________________________ Name of person making request: __________________________
Time: __________________________
Address: __________________________ City: __________________________ State: __________________________ Zip Code: __________________________
Phone Number: __________________________ Email: __________________________
I wish to: ___ Inspect records ___ Receive a copy of records
Request made: _____ in Person _____ by phone _____ by fax _____ by email _____ by mail

To assist us in answering your request accurately and promptly, please identify the records you wish to inspect by referring to a title, name, date of incident, identification number and/or description. If copies are needed, please indicate which file(s) you would like copied. Please refer to the counties fee schedule for the correct costs associated with your request.

________________________________________
(Signature)

Please fill in and sign your name below if applicable:
I, __________________________ affirm under penalty of perjury that my request is not for commercial purposes. This is only required if the request includes a list of individuals. I understand the use of public records containing lists of individuals for a commercial purpose violates Washington State law and the privacy of the individuals. “Commercial purposes” means contacting or affecting such individuals to facilitate, in any manner, for a profit-making activity. A request for a list of individuals where this is not signed will be denied as per RCW 42.56.070(9).

________________________________________
(Signature)

Please return to:
Ferry County Prosecutor’s Office
350 E Delaware Ave., Stop 11
Republic, WA, 99166
(509) 775-5225 Ext. 2506

For County Department/Office use only:
County Department/Office: __________________________ Received By: __________________________
Date action taken: __________________________ Name of person taking the action: __________________________
Special Circumstances: __________________________