

CLALLAM COUNTY PROSECUTING ATTORNEY

MARK B. NICHOLS

PROSECUTING ATTORNEY

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TOLL FREE FROM FORKS: 360-374-5324

Office Use Only: PRR PA-_____
Rev'd _____ Ack. due _____ <input type="checkbox"/>
Ack. Done _____
Responsive Docs. <input type="checkbox"/> Yes <input type="checkbox"/> No
Notification _____
<input type="checkbox"/> Rev'd. _____ <input type="checkbox"/> Provided _____
<input type="checkbox"/> Withd. _____ <input type="checkbox"/> Aband. _____
<input type="checkbox"/> Denied _____ <input type="checkbox"/> Closed _____

Note: Requests for records believed to be in the possession of County Departments other than the Clallam County Prosecuting Attorney's Office should be directed to the appropriate County department and/or to the County's designated Public Records Officer in the Clallam County Board of County Commissioners' Office.

Name of Requestor _____		Date of Request _____		
Mailing Address	City	State	Zip Code	E-mail address/phone
I understand that I may inspect records without charge. I further understand that if I request copies of records, I must pay .15¢ per page of paper records, and the actual reproduction cost for non-paper records. I agree to prepay, as necessary, copy charges associated with my request.				
I wish to make an appointment to inspect the records indicated above before copies are made. <input type="checkbox"/> Yes <input type="checkbox"/> No				
I wish to have copies of the records indicated above. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, I would prefer: <input type="checkbox"/> Paper format (when possible) <input type="checkbox"/> Compact Disk (when possible)				
Once the copies are ready:				
<input type="checkbox"/> I would like the copies mailed to me (you will be charged the actual costs of mailing, including the cost of the shipping container)				
<input type="checkbox"/> Call me and I will pick up in person _____				
Phone number				

Are you currently charged with a crime, or is this request related to an ongoing lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is the name of the case? _____
Are you: <input type="checkbox"/> represented by an attorney <input type="checkbox"/> representing yourself
Are you the victim of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please identify the particular record or class of records that you are seeking to have disclosed.
Note: Failure to provide an adequate description of the record(s) that you are seeking to have disclosed may delay the processing time for your request and/or result in your request being denied.
<input type="checkbox"/> See attached -or- _____

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 46.56.270.

Signature of requestor

Date