

Adams County Sheriff's Office

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** for	ACSO use only**
Log#	23-402
Date o	completed:

Pursuant to RCW 42.17. Washington State Public Disclosure Act, I request to review or receive a copy of a records maintained by the Adams County Sheriff's Office and do assert my identity to be:

Name: Heather Kelly Email: hejokellywagnzil.com
Agency/Firm:Phone:
Mailing address:
Briefly describe the information you are requesting. Include as much information as you have available to help us narrow our search. (names, case number, date and time, location and type of report). Specify what type of information you are requesting. A copy of the absolute policy Manuals for Adams (o. Sheriff's Office from 2019-2023 (current))
What is the purpose for the request of this information? Example: court, insurance, etc. (voluntary):
I understand that the processing of my request will not commence until the identifying data is received by this department. The person submitting the Public Disclosure request will receive a response within 5 business days.
I understand that I am responsible for fees for the records responsive to the request pursuant to RCW 42.56.120. These fees shall be paid prior to the release pursuant to RCW 42.56.120(4) Signature:
Date: 12/5/23

If submitting this form by email, send to karenh@co.adams.wa.us