



**SPOKANE COUNTY SHERIFF'S OFFICE**  
TRAINING ANNOUNCEMENT



**Co-Sponsored by:**



**The Spokane Police Department**



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## **Public Records Disclosure for Law Enforcement & Public Safety Agencies**

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**DATE:** July 20<sup>th</sup>, 2011 0900-1600

**LOCATION:** SCSO Training Center  
10319 E. Appleway  
Spokane Valley, WA 99206

**COST:** \$25 (FREE to SCSO and SPD)

**DESCRIPTION:**

This course will provide a full discussion of the Public Records Act and its application to Law Enforcement Agencies. We will provide a statutory overview of the requirements for your records disclosure program and discuss statutory provisions concerning records organization, requests and production of records. The course will examine specific exemptions for law enforcement records, including investigative records and intelligence information, personnel records and internal affairs investigations. We will cover the Criminal Records Privacy Act, as well as other Washington statutes addressing law enforcement records and juvenile records. The course will also provide an update on recent developments in the courts and recent legislation passed affecting public records law. This course is presented by Jeffrey S. Myers of Law, Lyman, Daniel, Kamerrer, and Bogdanovich.

**REGISTRATION:**

To register, please complete the attached SCSO Registration form and send it to Deputy John Oliphant by fax (509) 477-6975 or email, [jroliphant@spokanesheriff.org](mailto:jroliphant@spokanesheriff.org).

Make checks payable in the amount of \$25 to the Spokane County Sheriff's Office and send to SCSO, ATTN: Deputy John Oliphant, 1100 W. Mallon, Spokane, WA 99260. **Checks, cash, or P.O. only.**



Revised 9/10

# Spokane County Sheriff's Office Training Unit

Application Form  
GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

### 1. GENERAL INFORMATION

Applicant's Name: _____ (Last) _____ (First) _____ (Middle)		
Title/Rank: _____	Applicant's Personnel Number: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Duty Assignment: _____		Agency: _____
Agency Phone: _____	Agency Fax: _____	Applicant's Agency E-Mail Address: <b>MANDATORY - PRINT OR TYPE</b> _____@_____
Agency Mailing Address: _____ (Street or PO Box)		_____ (City) _____ (Zip)

**IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.**

### 2. COURSE INFORMATION

Course Title: _____	Location of Course: _____
Course Date(s): _____	_____

### 3. **MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION**

In determining **eligibility** of this **applicant**, the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:  
\_\_\_\_\_  
\_\_\_\_\_

### 5. **APPLICANT PRIORITY (MANDATORY!)** →

If submitting more than one application for this course, check the priority of **THIS** applicant:  
1  2  3  4  5

### 6. **TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!)** →

_____@_____	<b>Confirmation is sent via email, please make sure this section is complete.</b>
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### 7. AUTHORIZATION

Agency Representative Authorizing Attendance: _____ Name	_____ Title	<b>For SCSO Use Only</b> _____ _____ _____ _____
_____ Signature	_____ Date	

Return completed application form to: Deputy John Oliphant, Spokane County Sheriff's Office Training Center, 10319 E. Appleway, Spokane Valley, WA 99206. Applications may also be faxed to (509) 477-6975 or sent as an email attachment to [roliphant@spokanesherriff.org](mailto:roliphant@spokanesherriff.org). For more information regarding the application process, please call (509) 477-3211.

Check out more training opportunities at [www.spokanecounty.org/sheriff/training](http://www.spokanecounty.org/sheriff/training).