



Public Records Request

21 W Sanderson Way, Shelton, WA 98584 Phone: 360-426-1151 Fax: 360-427-0231

Requestor: _____ Date of Request: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Please describe the records that you are requesting, date of record(s) if known, and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may result in denial of the request. Use the back of this page if necessary.

I understand I may review records without charge. I understand that if I request copies, I must pay \$.15 cents per copied page. I agree to prepay all duplication charges associated with my request. If the Port chooses to hire an outside firm to complete the duplicates for your request you agree to pay the actual costs associated with fulfilling your request.

_____ **I wish to make an appointment to review the records indicated above before copies are made.**

Method by which I would like to receive the information I have requested:

_____ **Mailed to me via United States Postal Service. I will pay actual postage and handling for this service.**

_____ **Call me and I will pick up in person.**

_____ **Emailed**

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes. Per RCW 46.56.070(9).

Signature

Date

For Port Staff use only:

Date received: _____ Forwarded to Port attorney: Yes ___ No ___ Request denied: Yes ___ No ___