



Public Records Request

Revised April 2024

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

Requests accepted by mail, e-mail, fax, or in-person only. Send completed requests to the above address, Attention: Public Records Officer or by email to info@portofshelton.com

Name of Requestor: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title of Record(s) (if known): \_\_\_\_\_

Date of Record(s) (if known): \_\_\_\_\_

Please describe the records you are requesting 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 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 have copies of the records indicated above.
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
E-mail the documents to my provided email address.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes per RCW46.56.070(9).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Port Staff use only:

Date Received: \_\_\_\_\_ Fee Charged \$ \_\_\_\_\_ Date paid in full \_\_\_\_\_

Date Completed: \_\_\_\_\_ Person completing Request: \_\_\_\_\_