Public Records Request

Revised August 2026

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

Requests accepted in person, via telephone, in writing, via fax, or via email. 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 there will be charges as outlined in the Port's Public Records Policy, Rules and Procedures as provided by law in RCW 42.56.120.

- ☐ 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: _____