

Port of Grays Harbor Request for Public Records

Requested By:

Name:

Address:

Phone No.:

Email:

Date of Request:

Delivery Requested: Inspect (free) Copy (15¢ per page + postage) Email (free)

Records Requested: *(Please describe the records you are requesting and any additional information that will help us locate them for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.)*

Please Initial:

_____ I understand there may be charges for copies requested per the Port's fee schedule.

_____ I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, pursuant to RCW 42.56.070(9).

Signature: _____

Date: _____

DROP OFF/MAIL/EMAIL/FAX your request to:

Port of Grays Harbor
Attn: Public Records Officer
PO Box 660
111 S. Wooding Street
Aberdeen, WA 98520
Email: publicrecords@portgrays.org
Phone: 360-533-9590 Fax: 360-533-9505

| | |
|------------------------------|---|
| For Office Use Only | |
| Received By: | _____ |
| Date Received: | _____ |
| Request Received Via: | <input type="checkbox"/> In person |
| | <input type="checkbox"/> Electronically |
| | <input type="checkbox"/> Mail |
| | <input type="checkbox"/> Fax |
| Date Completed: | _____ |