

# Port of Grays Harbor Request for Public Records

**Requested By:**

Name:

Address:

Phone No.:

Email:

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**Date of Request:**

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**Delivery Requested:**  Inspect (free)  Copy (charge per fee schedule)  Email (charge per fee schedule)

**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 have read the Port's fee schedule and understand there may be charges for documents requested

\_\_\_\_\_ 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(8).

**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](mailto:publicrecords@portgrays.org)  
Phone: 360-533-9590 Fax: 360-533-9505

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