



# Port of Grays Harbor

On Washington's Pacific Coast

## Request for Public Records

**Requested By:** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**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, E-Mail, or 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>	_____