



PUBLIC RECORDS REQUEST FORM

Port of Quincy
101 F Street SW
Quincy, WA 98848
manager@portofquincy.org
Fax: (509) 787-3715

Requester's Name: _____

Mailing Address: _____
Street City State Zip

Daytime Phone Number: _____ Email: _____

If Records are not available at time of request, I prefer to receive the record in the following format:

View by appointment [] Receive a paper copy []

Via Email [] Compact Disk/flash drive []

Hard Copy options: Pick Up at Port Main Office [] Send Hard Copy via US Postal Service []

Please describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes.

I agree to pay reasonable costs per the Port of Quincy fee schedule, plus the cost of mailing (if applicable).

Date

Signature

RECORDS REQUEST TRACKING FORM - FOR USE BY PUBLIC RECORDS OFFICER

DATE INITIALS NOTES

Date Received: _____

Five-Day Notice Sent: _____

Date of First Installment: _____

Date for Completing Request: _____

Date of Other Installments: _____

Response Completed: _____

IF EXEMPTIONS ARE CLAIMED, COMPLETE AN EXEMPTION LOG.

