



PUBLIC RECORDS REQUEST FORM

Port of Quincy
101 F Street SW
Quincy, WA 98848
recordsrequest@portofquincy.org
Fax: (509) 787-2525

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

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.