



GRANT COUNTY PORT DISTRICT NO.2  
4975 Road 13.5 S; P.O. Box 147, Royal City, WA 99357  
Telephone: (509) 346-2317

REQUEST FOR PUBLIC RECORDS ACCESS

REQUESTOR'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**Records Requested:** Please describe the **SPECIFIC** records you are requesting and any additional information that will help us locate said records (dates, names, etc.). Please indicate which records you wish to photocopy (fee for plain photocopies is .15 each). Otherwise, the records will be made available for your review. If you wish the Port to make copies for you and/or mail copies to you, there will be a charge in addition to the per page copy charge of actual postage costs. The Revised Code of Washington states that records must be made available in a reasonable length of time. Depending on the complexity of the request, the Port will endeavor to fill requests within 1-5 business days.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*I hereby certify on oath and under penalty of law that if a list of individuals is obtained through this request for public records I will not use that information for commercial purposes.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

\_\_\_\_\_

Date Request Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Responded: \_\_\_\_\_

Fees: Copy Charge for \_\_\_\_\_ pages @ .15 \$ \_\_\_\_\_ Other Fees \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Comments: