



Port of Shelton
21 W Sanderson Way
Shelton, WA 98584 360.426.1151 360.427.0231 (fax)

REQUEST FOR PUBLIC INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Describe specific records requested in detail:

“Responses to requests for public records shall be made promptly by agencies. Within five business days of receiving a public record, an agency must respond by either (1) providing the record; (2) acknowledging that the agency has received the request and providing a reasonable estimate of the time the agency will require to respond to the request; or (3) denying the public record request. In acknowledging receipt of a public record request that is unclear, an agency may ask the requestor to clarify what information the requestor is seeking. If the requestor fails to clarify the request, the agency need not respond to it.”

RCW 42.56.520 (in part)

I agree to pay for copies at the rate of \$.10 per copy up to ten (10) copies; for copies of documents which run in excess of ten (10) copies, or for locating requested documents, there may be charges for administrative time involved, as well as the above copy charge.

Signature _____

Date: _____

OFFICIAL USE ONLY

Request Recd By _____ Date Recd _____ Time Recd _____

Date Request Filled _____ Requestor Notified _____

Total Fees: \$ _____ Date Paid _____