|  |  |
| --- | --- |
| C:\Users\Port of Quincy\AppData\Local\Microsoft\Windows\INetCache\Content.Word\! 2016_logo.jpg **PUBLIC RECORDS REQUEST FORM** | Port of Quincy101 F Street SWQuincy, WA 98848manager@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 driveHard 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 Received: Five-Day Notice Sent: Date of First Installment: Date for Completing Request: Date of Other Installments:

Response Completed:

**DATE INITIALS**

**NOTES**

**IF EXEMPTIONS ARE CLAIMED, COMPLETE AN EXEMPTION LOG.**