



**PORT of CHEHALIS**  
 321 Maurin Road  
 Chehalis, WA 98532

NO. \_\_\_\_\_

## REQUEST FOR PUBLIC RECORDS

### ➤ REQUESTOR ☺

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Representing: \_\_\_\_\_

Nature of Request:  To inspect records     To obtain a copy

RECORDS REQUESTED (be as specific as possible):

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

Requester's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### ➤ PORT USE ONLY ☺

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Request Granted:  Yes     No     Partial

Page Count	Charge	Postage	Total	Receipt No.
_____	_____	\$ _____	\$ _____	_____

Request Denied for the Following Reasons(s):

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

Legal Review Required:  Yes     No    Counsel: \_\_\_\_\_ Date: \_\_\_\_\_