



2640 E. Edison Ave., Suite #1, Sunnyside, WA 98944 (509)839-7678, fax (509)839-7462

PUBLIC RECORDS REQUEST

Name of requestor: _____

Address: _____ City: _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Title of Record (if known): _____

Approximate Date of Record (if known): _____

Please describe below the record(s) you are requesting and any additional information that will help us locate them for you as quickly as possible. Failure to provide sufficient information in order to identify the records may cause delay.

If I request copies to be made, I understand that there may be charges for the copies.

- I wish to have copies/duplicates of the records indicated above. I understand that I will be assessed a \$.15 per page charge for these copies/duplicates.**
- I wish to have electronic copies/duplicates of the records indicated above emailed to me at no cost.**
- I wish to make an appointment to review the records indicated above to determine if any copies/duplicates should be made.**

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature: _____ Date: _____

Pursuant to RCW 42.56, this form acknowledges that your request has been received. The Port of Sunnyside estimates that it will provide further response within five (5) days or as soon thereafter as a determination regarding disclosure, denial or an exemption can be established. The Port reserves the right to extend this time frame if necessary.

Received by: _____ Date: _____