



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: _____