

Grays Harbor County Superior Court Administrative Records Request Form

Information about Person Making Request:

Name of Requestor: _____

Last

First

MI

Mailing Address: _____

Street

City

State

Zip Code

Telephone: () _____ () _____

Email Address: _____

If applicable, Name of person or entity request is being made for and relationship to that person or entity:

Signature: _____ Date: _____

What Records Do You Want? Please identify the specific documents you are requesting, including name, location, date, and type of record requesting if known. *Please use additional sheets as necessary.*

[] This is a request to inspect the records identified above.

[] This is a request for copies of the records identified above.

[] Other: Explain please _____

Send request to:

Address: Public Records Officer/Court Administrator
 Grays Harbor County Superior Court
 102 W Broadway Ave., Rm. 305
 Montesano, WA 98563

You can also **hand deliver** this request to the address above.

For Office use only:

Request Received: _____ at _____ AM/PM

By: _____ Employee name and Initials