



Grays Harbor County  
Public Records  
100 W Broadway, Suite 1  
Montesano, WA 98563  
360-249-3731

Request to Inspect or Copy  
**PUBLIC RECORDS**

*It is our policy that ALL records are available for public disclosure unless specifically exempted. This form will be used to expedite requests and ensure compliance with our policy and Washington State public disclosure laws.*

**REQUESTOR** (Please Print)

Date of Request: \_\_\_\_\_

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

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

Company: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Contact Info: \_\_\_\_\_

Parcel Number (12 digits): 

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Please complete one form per parcel number.

Describe the Documents or Records Requested:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Washington State law, RCW 42.56.070(9), prohibits disclosure of lists of individuals requested for commercial purposes. If I or someone else uses these records for commercial purposes I may violate the rights of the individuals named and I may be liable for damages. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit expecting activity. I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Requestor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RESPONSE** (Response MUST be made within 5 business days of receipt of request)

Division or Section: \_\_\_\_\_ Record released by: \_\_\_\_\_ Date Answered: \_\_\_\_\_

*(Print Name)*

- Record is not available as requested.
- Record available for inspection on \_\_\_\_\_ at \_\_\_\_\_ during normal working hours.
- Copies available upon payment of copy fees totaling \$ \_\_\_\_\_.
- Requested documents not available at this time. Estimated availability in \_\_\_\_\_ days.
- Unable to process request as described; please clarify request by being more specific for records desired.
- Request denied—record or document exempt from Public Disclosure as specified in attachment. Internal review will be performed within two days.

Comments: \_\_\_\_\_

**Instructions to Staff**

- Give requestor a copy of this form after top portion is completed and signed, and again when response is made.
- Provide a copy to Public Records Officer or designee for review.
- Forward request to proper division for response.
- Denial or redaction of record, in whole or in part, shall be explained in attachment to this form.
- Retain original request in department file for at least 12 months.