



Grays Harbor County
 Public Services Department
 100 W Broadway Suite 31
 Montesano, WA 98563
 360-249-4222
 360-249-3203 (fax)

Request to Inspect or Copy
 Public Services Department
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: _____

Tax Parcel Number (12 digits) of property noted in request:

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Please complete one form per parcel number.

Describe the Record(s) or Document(s) Requested:

1. _____
2. _____
3. _____
4. _____

I, the undersigned, do declare: I understand the use of public documents containing lists of individuals for *commercial purposes* violates Washington State law and the privacy of the individuals. "*Commercial purposes*" means contacting or affecting such individuals to facilitate, in any manner, for a profit-making activity. Therefore, I agree not to use the information requested nor allow others to use it for such 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 or document is not available as requested.
- Record or document 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 documents desired.
- Request denied; record, document or portion of document exempt from Public Disclosure. Internal review will be performed within two days of receipt of the request.

Comments: _____

Instructions to Staff

- Give requestor a copy of this form after top portion is completed and signed, and again when response is made.
- Forward request to proper division for response.
- Retain original request in department file for at least 12 months.