

Wahkiakum Port District No.1  
500 2<sup>nd</sup> Street  
Cathlamet, WA 98612  
(360)795-3501 Fax (360)795-3378

Request to inspect or copy  
Public Service 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)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Company: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Other Contact info: \_\_\_\_\_

Please complete one for per parcel number.

Describe the record(s) or Document(s) Requested.

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

I, the undersigned, do declare: I understand that use of public documents containing lists of individuals for commercial purposes violates Washington State law and the privacy of the individuals. "Commercial purposes" meaning contacting or affecting such individuals to facilitate, in manner, for profit-making activity. Therefore, I agree not to use the information requested nor allow other to use it for such purposes.

Requestors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESPONSE** (Response MUST be made within 5 Business Days of Receipts of request)

Division or Section: \_\_\_\_\_ Records Released by: \_\_\_\_\_ Date Answered: \_\_\_\_\_  
(Print Name)

- Record Or Document is not available as requested.
- Records or document available for inspection on \_\_\_\_\_ at \_\_\_\_\_ during normal work hours.
- Copies available upon payment of copy fees totaling \$ \_\_\_\_\_ copies are 25¢ a copy
- Requested documents not available at this time. Estimated availability in \_\_\_\_\_ days.
- Unable to process requests as described; please clarify request by being more specific for documents desired.
- Request denied; record document or portion of documents exempt from Public Disclosure. Internal review will be performed within two days of receipt of the request.

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

**Instruction to Staff**

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

If my request is for a list of individuals, I certify under penalty of perjury under the law of the state of Washington that following is my intended use of the list: \_\_\_\_\_

I further certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes. I acknowledge that to do so constitutes a violation RCW42.17.260