



**Port  
Of Allyn**

**PORT OF ALLYN PUBLIC RECORDS**    Date Stamp  
P.O. Box 1  
Allyn, WA 98524  
Phone: (360) 275-2430 or via email to  
info@portofallyn.com

Received by: \_\_\_\_\_

**PUBLIC RECORDS REQUEST FORM**

<b>Name</b>	<b>Phone</b>
<b>Address</b>	<b>Fax</b>
<b>City, State, Zip</b>	<b>Email</b>

**Record(s) requested:** Please describe a specific identifiable record. Include document name, number or date if known.

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I would like to inspect the record(s) at no charge

I would like a copy of the record(s):  Mailed     Faxed     Emailed (if available in electronic format)     Picked up

Please allow 5 business days for a response to your request. RCW 42.56.520

I agree to pay all copy charges pursuant to the Port of Allyn's fee schedule. RCW 42.56.120

I certify the information obtained through this request will not be used for commercial purposes. RCW 42.56.070(9)

**Requestor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICIAL USE ONLY**

- No responsive record was located.
- The record is exempt from disclosure pursuant to RCW \_\_\_\_\_ (attach exemption log)
- Portions of the record are exempt from disclosure and have been redacted pursuant to RCW \_\_\_\_\_
- Request forwarded to \_\_\_\_\_
- 5 day response    Date \_\_\_\_\_
- Fees Due \$ \_\_\_\_\_ (attach copy of invoice)     Payment received

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Records were:**  Mailed     Faxed     Emailed     Picked up