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PUBLIC RECORDS REQUEST

Name of Requestor: _____

Address: _____ City: _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Title of Record (if known):

Approximate Date of Record (if known): _____

Please describe below the record(s) you are requesting and any additional information that will help us locate them for you as quickly as possible. Failure to provide sufficient information in order to identify the records may cause delay.

If I request copies to be made, I understand that there may be charges for the documents requested. For complete fee information, please see the Fee Schedule at the Port's Administrative Office or www.portofsunnyside.com. I request delivery as follows:

- Electronic Delivery to: (circle one) E-Mail or Cloud Transfer
- CD/DVD or Flash Drive: (circle one) Mail or Pick-up
- Paper Copies: (circle one) Mail or Pick-up
- Inspection (at time of scheduled inspection, a request can be made for copies of records)

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature: _____ Date: _____

Save this form and e-mail, or print and mail, to the address above. Please call or email the Port if you do not receive a confirmation or receipt of your e-mail within five (5) business days.