Submission Instructions: Please follow the instructions below to submit your Public Records Request form: Electronically: 1. Complete the form and save it as a PDF. 2. Email the completed form to mkuhl@graysharborcd.com with the subject line "Public Records Request." By Mail: 1. Complete the form and print it. 2. Mail the completed form to the following address: **Grays Harbor Conservation District Att: PRO** 81 Tower Blvd. Elma, WA. 98520 For any questions or additional assistance, please contact us at 360-346-7829 or mkuhl@graysharborcd.com. Thank you! Grays Harbor Conservation District - Public Records Request Form Thank you for your interest in the public records of the Grays Harbor Conservation District. Please complete the form below to submit your request. We will respond to your request as promptly as possible. **Contact Information:** City: _____ State: ____ Zip Code: _____

Request Details:

Phone Number:

Email Address: _____

Description of Records Requested:
(Please provide a detailed description of the records you are requesting. Include specific dates, subject
and any other information that will help us locate the records.)

Preferred Format:
(Select one or more of the following options)
(Select one of more of the following options)
- [] Electronic (PDF, Word, etc.)
- [] Physical copies
- [] Inspection only
Delivery Method:
-[] Email
-[] Mail
- [] Pick up in person
Additional Information:
Are you requesting these records for commercial purposes?
(If yes, please describe the purpose of your request)

Fees for Copies of Public Records:
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The Grays Harbor Conservation District charges the following fees in accordance with Washington State

law (RCW 42.56):

Grays Harbor Conservation District - Public Records Request Form2

- Scanned records: \$0.10 per page
- Electronic files/attachments: \$0.05 for every four files
- Transmission of records: \$0.10 per gigabyte
- Actual costs for delivery and storage media
- Flat fee: \$2.00 if the estimated costs exceed that amount
Customized services will incur actual costs. A deposit of up to 10% of the estimated costs may be required. Fee waivers may be available at our discretion. An estimate of charges will be provided before proceeding with your request.
If there are any fees associated with fulfilling this request, would you like to be contacted with an estimate before we proceed?
- [] Yes
-[] No
Certification:
By submitting this form, I certify that the information provided is true and correct to the best of my knowledge and that I understand there may be fees associated with the processing of this request.
Signature:
Date:

- Standard photocopies: \$0.15 per page