

REQUEST FOR ACCESS TO PUBLIC RECORDS



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360.673.5017 fax
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Section One: REQUEST FOR RECORD(S) - **to be completed by REQUESTER** (please print or type)

Requester's Name: _____ Phone: _____

Address: _____

Action Requested:

For inspection only (available at the Port administrative offices during Port office hours)

Copies to be delivered: By mail Pickup in person By fax: _____

By electronic means: _____

Copy fee is 15¢ per page or actual costs as charged by copy service, CD's/DVD's are \$2/each, plus actual costs of postage & handling.

RECORD(s) REQUESTED: Please be specific

If my request is for a list of individuals, I certify that the information obtained through this request will not be used for commercial purposes.

Signature of Requester: _____ Date: _____

I.D. may be required for validation

Section Two: **To be completed by the Port of Kalama**

Name of person accepting request: _____ Department: _____

Date of Request: _____ Time _____

Request received: In Person By fax By mail By electronic means

PORT OF KALAMA RESPONSE TO REQUEST FOR RECORDS

The record(s) you requested are available as requested.

Total # of copies: _____ x \$ _____ + (\$ _____ postage/handling) = \$ _____

Please forward payment before documents can be released.

Your request has been received and is being processed, and it will be ready by: _____

Additional information is needed to process your request (See remarks below).

The record(s) you requested is exempt from inspection (See remarks below).

We do not have the record(s). (See remarks below).

REMARKS:

Signature: _____

Port Public Records Officer

Date: _____