



REQUEST FOR ACCESS TO PUBLIC RECORDS

REQUEST FOR RECORD(S)

(This section 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)

_____ Copy(ies) to be delivered: _____ by mail _____ pickup in person _____ by fax

Copy fee is 15 cents per page, or actual costs as charged by copy service, plus actual costs of postage and handling

RECORD(S) REQUESTED: Please be specific.

Signature of Requester: _____ Date: _____

I.D. may be required for verification

Name of person accepting request: _____ Dept.: _____

Date of request: _____ Time: _____

Request received: _____ in person _____ by email _____ by mail _____ by fax

Notes: