



## Request for Access to Public Records

Fees will be assessed according to RCW 42.56.120(2) which includes but is not limited to 15 cents per page for printed copies, 10 cents per page for scanned records, 5 cents per each 4 electronic attachments, 10 cents per gigabyte for records electronically transmitted, and actual costs for digital storage devices or any container, envelope, or postage/delivery charges.

### Request for Record(s)

*(This section to be completed by the requester. Please print or type clearly)*

Requester(s) Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Action Requested

\_\_\_\_\_ For inspection only (available at the Port Administrative Office during Port office hours)

\_\_\_\_\_ Paper copy(ies) to be delivered in the following way:

\_\_\_\_\_ by mail

\_\_\_\_\_ pick up in person

\_\_\_\_\_ Electronic copy(ies) by email to the following email address: \_\_\_\_\_

\_\_\_\_\_ Faxed copy(ies) to the following telephone number: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

### Description of Records Requested *(Please be specific)*

Department(s): \_\_\_\_\_ Timeframe: \_\_\_\_\_

Type of Records: \_\_\_\_\_

Detailed description of records being requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person accepting request: \_\_\_\_\_ Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_ mail \_\_\_\_\_ email \_\_\_\_\_ in person \_\_\_\_\_ fax