

**Public Record Request**  
**PORT OF DEWATTO**

Attn: Public Information Officer  
P.O. Box 1483, Belfair, WA 98528

Requests accepted by mail or in person only. Requests are not accepted by phone or fax. Send completed requests to the above address or e-mail, info@portofdewatto.com. Attention Public Information Officer.

Requestor Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Title of Record(s) (if known): \_\_\_\_\_

\_\_\_\_\_

Date of Record(s): \_\_\_\_\_

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may result in denial of request. Use the bottom and back of this form if necessary.

I understand I may review records without charge. I understand that if I request copies, and the pages are over 10 sheets of paper, I may be asked to pay \$.15 per page beyond 10, or the cost of the electric storage media. I agree to pay all duplication charges associated with my request, as well as postage, if the documents need to be mailed, prior to the send day. If the Port chooses to hire an outside firm to complete the duplicates for your request, you agree to pay the actual costs associated with fulfilling your request.

- I wish to have copies of the records indicated above.
- I wish to make an appointment to review the records indicated above before copies are made.

Method of which I would like to receive the information I have requested:

- Mailed to me via United States Postal Service. I will pay actual postage and handling for this service.
- Call me and I will pick up in person.
- E-mail me requested documents. (Please provide e-mail address above.)

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 46.56.070(9).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Port Staff use only:

Date received: \_\_\_\_\_ Forward to Port Attorney:  Yes  No

Request denied:  Yes  No Reason: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Person completing request: \_\_\_\_\_

Copies Provided:  Yes  No Fee \$ \_\_\_\_\_ Duplication Costs:  Yes  No Fee \$ \_\_\_\_\_

Postage fee:  Yes  No Fee \$ \_\_\_\_\_ Paid in full:  Yes  No Amt. Pd. \$ \_\_\_\_\_

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