



2501 NE Dewatto RD Tahuya, WA 98528

Mailing Address: P.O. Box 1483 Belfair, WA 98528 360-372-2695

Public Record Request

Requests accepted by mail, email, phone, letter, or in person. (We cannot accept fax requests at this time). Send completed requests to the above mailing address or email to jeana@portofdewatto.com or info@portofdewatto.com. Attention: Public Records Officer.

Requestor Name: _____ Date of request: _____

Mailing address: _____

City: _____ State: _____ Zipcode: _____

Phone: (____)-____-_____

Title of Record(s) if known: _____

Date of Record(s) _____

Please describe clearly 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 a denial of the request. Use the bottom and back of this form if necessary.

I understand I may review records without charge as long as an appointment is made to review them in our office at the Port of Dewatto. I understand that if I request copies and there more than 10 pages, I may asked to pay \$0.15 per page beyond 10, or the cost of 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. Costs will need to be paid prior to sending them. 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 to pick up in person: (will need an appointment with the **Public Records Officer**)

_____ Email me the requested documents. (Please provide a valid email 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**

Name (print) _____

Signature: _____

For Port Staff use only: Case # _____

Date received: _____

- Request Denied: _____
- Reason for Denial _____
- Forward to Port Attorney: _____

Date Completed: _____

Person completing request: _____ Title: _____

Copies provided: _____ Fee: \$ _____ Duplication Costs: _____

Postage fee: _____ Paid in full: _____ Amount Paid: \$ _____