

PORT OF PORT TOWNSEND
P.O. Box 1180, Port Townsend, WA 98368, (360) 385-0656

REQUEST TO INSPECT OR FOR COPY(IES) OF PUBLIC RECORDS

SECTION I - REQUEST

NAME: _____

ADDRESS: _____ PHONE: _____

_____ EMAIL: _____

DOCUMENT NAME: 1. _____

2. _____

3. _____

EXAMINATION OF DOCUMENT IN PORT OFFICE _____

NUMBER OF HARD COPIES: ____ @ 0.15/page SCANNED COPIES: ____ @ 0.10/page

STAFF LABOR @ \$60/HOUR, CHARGED IN ONE MINUTE INCREMENTS FOR SCANNING
AND COPYING .

\$_____ Fee collected

INFORMATION PROVIDED WILL NOT BE USED FOR COMMERCIAL PURPOSES

Signature Date Time of Day

NOTES: _____

SECTION II - PORT RESPONSE

_____ a. The record you requested is attached or available for inspection at _____, copies/scanned documents will be made for \$ _____ per _____.

_____ b. The record is available with certain information deleted. (See REMARKS)

_____ c. Your request to inspect or copy the records(s) has been denied for the reasons given in the REMARKS section. Denial has been reviewed by the Executive Director.

Date Signature of Executive Director

REMARKS: _____

Signature of notifying employee: _____

Date of notification: _____

Requester notified _____ in person, _____ by mail, _____ by email.