REQUEST FOR ACCESS TO PUBLIC RECORDS

Port of Kalama
www.portofkalama.com

380 West Marine Drive
Kalama, WA 98625
360.673.2325
360.673.5017 fax

Section One: REQUEST FOR RECORD(S) - **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)

☐ Copies to be delivered: ☐ By mail ☐ Pickup in person ☐ By fax:_____

☐ By electronic means: _____

Copy fee is 15¢ per page or actual costs as charged by copy service, CD's/DVD's are $2/each, plus actual costs of postgage & handling.

RECORD(s) REQUESTED: Please be specific

If my request is for a list of individuals, I certify that the information obtained through this request will not be used for commercial purposes.

Signature of Requester: _____ Date:: _____

I.D. may be required for validation

Section Two: **To be completed by the Port of Kalama**

Name of person accepting request: _____ Department: _____

Date of Request: _____ Time _____

Request received: ☐ In Person ☐ By fax ☐ By mail ☐ By electronic means

PORT OF KALAMA RESPONSE TO REQUEST FOR RECORDS

☐ The record(s) you requested are available as requested.

Total # of copies: _____x $_____ + ($_____ postage/handling) = $ _____

Please forward payment before documents can be released.

☐ Your request has been received and is being processed, and it will be ready by: _____

☐ Additional information is needed to process your request (See remarks below).

☐ The record(s) you requested is exempt from inspection (See remarks below).

☐ We do not have the record(s). (See remarks below).

REMARKS:

Signature: _____ Date: _____

Port Public Records Officer