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[UPDATED 02-18-14]

PUBLIC RECORDS REQUEST

In Accordance with RCW 42.56.070

PORT OF C/W DATE STAMP

1. PUBLIC RECORD(S) REQUESTED BY: (PLEASE PRINT) COMPLETE STEPS 1 THROUGH 3 TO SUBMIT REQUEST.

Name _____ Company _____

Mailing Address _____ City, State, Zip _____

Phone: () _____ Fax: () _____ Email: _____

Please fill out form completely and submit to the Port Administrative Offices. Do not send any money until you are notified of the estimated cost(s).

2. DESCRIPTION OF PUBLIC RECORD(S): IN DETAIL, DESCRIBE THE SPECIFIC RECORD(S) BEING REQUESTED.

[Use reverse side if needed.]

CHECK ACTION: I would like to **INSPECT** the above record(s). (Inspection available during Port regular office hours.)

I would like a **COPY** of the record(s) as follows:

Printed Copies @ 15¢ per page for standard 8½ x 11 (or actual costs of a copy service*) * See Section 6 of the [Public Records Policy](#).

CD / DVD (\$5 each) USB-Drive / Thumb Drive (\$7 each) Pick up in person Mailed to me (plus postage)*

3. CONDITIONS FOR RELEASE AND/OR REVIEW OF PUBLIC RECORD(S)

I agree that any list of individuals provided to me **will not be used for any commercial purpose**, by myself, or any other person I represent. I will protect the information from access by anyone who may use it for commercial purpose, which means using the information for profit-making activities.

If I wish to inspect or review record(s), I agree to the following conditions: I will not remove the records from the designated area. In large requests, the quantity of records produced at any one time may be limited due to space and records management considerations. I will not mark or alter the records in any way. I will not destroy or deface the records in any way including writing on, folding or folding anew if in folded form, tracing or fastening with clips or other fasteners except those that already exist in the file. I will not cut or mutilate records in any way. I will keep the records in the order received. And I will return the records to the Port when no longer required by me and no later than the end of the customary office hours on the day provided.

I understand that this request will be answered in the time allowed to the Port and that any copying charges will be paid by me before receipt of the record(s). I understand that I may be requested to provide proper identification prior to receipt of record(s).

 Signature (I.D. may be required) Date

ACKNOWLEDGEMENT OF RECEIPT AND/OR REVIEW OF PUBLIC RECORD(S)

Date of **INSPECTION**: ____/____/____ Date Document(s): **MAILED**: ____/____/____ **PICKED UP**: ____/____/____

 Signature (I.D. may be required) Date

Costs Incurred: _____ copies x \$.15 each = \$ _____ PAID: \$ _____ Port of Camas-Washougal: _____

For Official Use Only:

Request Received ____/____/____ Reviewed by _____ On ____/____/____

Acknowledgement letter sent: ____/____/____ (if applicable) Due Date: _____

ACTION TAKEN: APPROVED APPROVED AS REVISED DENIED (See attached letter) **COMPLETED & FILED:** _____