

**REQUEST FOR DISCLOSURE
OF PUBLIC RECORDS**

PORT OF PEND OREILLE

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE _____
HOME WORK / OTHER

RECORDS REQUESTED:

TITLE OF RECORDS: _____

DATE OF RECORDS: _____

(Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible).

TYPE OF INSPECTION:

_____ INSPECTION ONLY _____ PHOTOCOPIES _____ COPIES ON DISK

I certify that the records or information obtained will not be used for any commercial purpose(s).

Signature Required

-----FOR PORT USE ONLY-----

PORT ACTION:

_____ Release Requested Record(s) _____ Referred to Attorney – may be exempt by law

Total Charges: \$ _____