

**PORT OF PEND OREILLE
PUBLIC RECORDS REQUEST FORM**

Please complete and sign Section A. Return form via U.S. Mail, private carrier, in-person, to: Port of Pend Oreille, 1981 Black Road, Usk, WA. 99180. Email requests must be made to pova@povarr.com and must include the words "Public Records Request" in the subject line. The Port is not liable for late or misdirected mail by the U.S. Mail service or private carrier nor is the Port liable for misdirected or undelivered email requests. Hand deliveries are accepted in-person only at the Port's main office and shall not be deemed as received if handed delivered to any other location.

SECTION A – PUBLIC RECORDS REQUEST INFORMATION:

Requestor Name: _____ Date of request: _____
(Printed)

Phone number: _____ Email Address: _____

Mailing Address: _____

This request is to: ___ Inspect and/or ___ Receive a ___ hard copy and/or ___ flash drive of the information as described below.

If requesting copies, what format would you like to receive them:

___ Receive Electronically (email) (if available): ___ Send Hard Copy or Flash Drive via USPS/UPS/FedEx.

___ Via email ___ Hard copy or ___ Flash Drive ___ Pick up in Person

Description of documents requested (please provide sufficient detail to permit documents to be located)

I certify that if the Public Records Request involves lists of individuals, the information will not be used for commercial or profit-expecting purposes or activities.

Signature Date: _____

SECTION B: (For Port Use ONLY)

_____ Request Granted _____ Record Withheld _____ Record Withheld In Part

If withheld, in whole or in part, note the applicable exemption and why the information is being redacted or withheld, in whole or in part. _____

Date of Response: _____ Time: _____

Request was received: _____ In-person _____ US Mail _____ Via Private Carrier _____ Via Email

Date and Time Received: _____

Requested additional information: _____

Copied: _____ Pages (Hard copies) _____ Pages Scanned: _____

Specialized Services required (explain- include potential costs) _____

Staff time spent: _____ Copying _____ Scanning. _____
(Time is in 15-minute segments.)

Reviewed/Processed Exemptions and/or Redactions: _____

Third Party Notifications Made (if necessary):

Payment Received: _____ (date) Amount: \$ _____

Closing Letter: _____

Comments: _____

