

Port of Ilwaco

Request for Public Records

Date: _____

Name/ Organization:	
Address-Street:	
City/State/Zip	Telephone:
Identify in DETAIL the records/documents that you are requesting: (use additional page if necessary)	

Do you want to: Make an appointment to view the records

Receive a copy after paying the required fees

Within five business days of receipt of the request, the Port will respond by: (1) providing the records after payment of fees: or (2) acknowledging receipt of the request and providing a reasonable estimate of time required to respond to the request: or (3) denying the request.

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals names in the record for the purpose of facilitating profit-expecting activity. By submitting your request, you are certifying that the lists of individuals obtained through this request will not be used for commercial purposes.

MAIL/FAX/EMAIL YOUR REQUEST TO:

Port of Ilwaco

Attn: Public Records Officer

PO Box 307

Ilwaco, WA 98624

Phone: 360-642-3143 Fax: 360-642-3148

Email: tneedham@portofilwaco.org

FOR OFFICE USE ONLY

Received Stamp

Date Received: _____

Number of Pages: _____ x \$0.15 each = \$ _____

(Letter and legal sized documents) or

11 x 17 size _____ x \$0.50 each = \$ _____

Postage: _____ + \$ _____

Total Charge: _____ = \$ _____

Date Completed: _____