

Public Records Request

Request to Inspect or for Reproduction of Public Records

1. Department <input type="checkbox"/> Accounting <input type="checkbox"/> General Admin. <input type="checkbox"/> Engineering <input type="checkbox"/> Operations <input type="checkbox"/> Marina <input type="checkbox"/> Airport <input type="checkbox"/> Marine Terminal <input type="checkbox"/> Property Management	2. Request Delivered To: 	3. Person Receiving Request Date and Time
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Section I: Completed by Requester

4. Name of Requester 	5. Address 	6. Telephone
7. Record(s) to be Inspected 		
8. Action Requested <input type="checkbox"/> a. Inspection (No Charge)	<input type="checkbox"/> b. Copying Number of copies per document ____	
9. Signature of Requester (or method of receipt)	10. Identity Verified by (signature and title)	

Section II: Agency Response

11. Port Response <input type="checkbox"/> a. The record you requested is attached or available for inspection at Main Port Office. Copies will be made for \$.15 per page* equals \$ _____ Total. <input type="checkbox"/> b. The record is available with certain information deleted. (See Remarks) <input type="checkbox"/> c. Your request to inspect or copy the records(s) has been denied for the reasons given in the Remarks block below. Denial has been reviewed by the Department Head. <div style="text-align: right; margin-right: 50px;"> _____ (Signature of Department Head) </div> <div style="text-align: right; margin-right: 50px;"> _____ (Date) </div>		
12. Remarks 		
13. Signature of Notifying Employee 	14. Date of Notification 	15. Requester Notified By: <input type="checkbox"/> a. Email <input type="checkbox"/> b. In Person <input type="checkbox"/> c. Mail <input type="checkbox"/> d. Phone