

Public Records Request

Request to Inspect or for Reproduction of Public Records

1. Department <input type="checkbox"/> General Admin. <input type="checkbox"/> Accounting <input type="checkbox"/> Human Resources <input type="checkbox"/> Operations <input type="checkbox"/> Marina <input type="checkbox"/> Airport <input type="checkbox"/> Marine Terminal <input type="checkbox"/> Planning, Properties & Environ. <input type="checkbox"/> Contracts <input type="checkbox"/> Leases	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.		
_____ (Signature of Department Head)		_____ (Date)
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