



PORT OF CLARKSTON
PUBLIC RECORDS REQUEST FORM

INSTRUCTIONS TO REQUESTER:

In accordance with state law, within five (5) business days of receiving a public records request, we will respond by either (1) providing the record; (2) acknowledging that the Port of Clarkston (the "Port") has received the request and providing a reasonable estimate of the time the Port will require to respond to the request; (3) denying the public records request; or (4) requesting clarification of the request.

This form should be completed in its entirety and may be emailed, mailed, or delivered in person, or the request may be made verbally. Verbal requests may require more time to process because they require the Public Records Officer to reduce the request to writing and verify with the requester that the written form properly memorializes the request.

Send request to: Public Records Officer
Chris Rasmussen
849 Port Way Clarkston, WA 99403
Phone: 509-758-5272
Fax: 509-758-1786
Email: office@portofclarkston.com or chris@portofclarkston.com
Hours: 8:00 am to 4:00 pm Monday through Friday

Please indicate the following in reference to the charges and fees set forth in the Port Public Records Policy and Procedure (check all that apply):

- I wish to inspect these records in person.
- I wish to inspect these records and then select records for copying or scanning.
- I wish to receive paper copies of these records.
- I wish to have paper copies mailed to me.
- I wish to have copies emailed to me or transmitted electronically.

Please also indicate the following:

- The information requested is for commercial purposes. (RCW 42.17.270).
- I am a claimant against the Port. (RCW 42.56.080).

Please describe the records you are requesting in detail and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide sufficient information to identify the records may result in a denial of the request (WAC 44-14-04002(3)).

Date of Request: _____ Time of Request: _____

Requester Name: _____ Phone Number: _____

Full Address: _____

Email Address: _____

Note: All communication (except delivery of records) between the Port and the requester will be via email if an email address is provided.

FOR OFFICE USE ONLY	
Request Received By: _____	Personnel #: _____
Date: _____	Time: _____
Release reviewed / released by: _____	Personnel #: _____
Date: _____	Time: _____
Comments: _____ _____ _____	
Date completed: _____	Request denied: <input type="checkbox"/> No <input type="checkbox"/> Yes
Reason for denial: _____	
Fees (see Section 11 of the Public Records Policy and Procedure):	
Flat fee (\$2.00): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copies provided: _____ # @ \$0.15 each	Subtotal \$ _____
Records scanned: _____ # @ \$0.10 each	Subtotal \$ _____
Files uploaded: _____ # @ \$0.05 per four (4) electronic files	Subtotal \$ _____
Data transmitted: _____ # @ \$0.10 per gigabyte	Subtotal \$ _____
Dig. Storage device provided: _____ # @ \$1 each	Subtotal \$ _____
Mailing cost:	
Envelope / Container Cost: \$ _____ Postage: \$ _____	Subtotal \$ _____
Customized Service Charge: <input type="checkbox"/> Yes <input type="checkbox"/> No	Subtotal \$ _____
	TOTAL \$ _____
Date Paid: _____	Receipt #: _____
Communications Log:	
Person Notified: _____	
By: _____	
Via: _____	
Date/Time: _____	
Details: _____	