



EXHIBIT "B"
REQUEST FOR ACCESS TO PUBLIC RECORDS
POLICY 903

Name of Person Accepting Request: _____

Date of Request: _____ Time: _____

Request Received: ___ In person ___ By Fax ___ By Mail ___ By Electronic Means

Section One: REQUEST FOR RECORD(S) (To be completed by requester - please print or type)

Requester's Name: _____ Telephone #: (____) _____

Address: _____

Action Requested:

_____ For Inspection Only (available at the Port Administrative offices during Port office hours)

_____ Copy(ies) to be delivered: _____ By Mail _____ Pickup in person _____ By Fax

Copy fee is 10 cents per page or actual costs as charged by copy service, plus actual costs of postage and handling.

RECORD(S) REQUESTED: Please be specific.

Signature of Requester: _____
I.D. may be required for verification

Date: _____

Section Two: PORT OF OLYMPIA RESPONSE (Refer to Port of Olympia Policy 903, Public Records)

_____ The record(s) you requested are available as requested.

Total # of copies = _____ x \$ _____ + (\$ _____ postage/handling) = \$ _____

Payment must be received before documents can be released.

_____ Your request has been received and is being processed, and it will be ready by: _____

_____ Additional information is needed to process your request. (See Remarks Below)

_____ The record(s) you requested is exempt from inspection. (See Remarks Below)

_____ We do not have the record(s). (See Remarks Below)

REMARKS:

Signature: _____ Date: _____
Public Records Officer