



Chelan Douglas Regional Port Authority

REQUEST FOR PUBLIC RECORD

Date and time of day request being made: _____
Date Time

Requested By: _____

Mailing Address: _____
Street City State Zip

Telephone: _____ Fax No.: _____ Email Address: _____

For Inspection (*Inspection is Free*): _____ To Be Copied (Please see charges below): _____

Specify Documents Requested (If needed, continue on reverse side):

Pursuant to RCW 42.56.070 (9), the CDRPA is not authorized to provide access to lists of individuals for commercial purposes. Is the list of individuals being requested for commercial purposes?

- Yes No Not Applicable

Inspection and copy of identifiable CDRPA documents or a response to this request shall be provided promptly and not to exceed five (5) working days. Staff will promptly notify their supervisor or designee of any anticipated delay and the reason for the delay. Should the requested information be deemed exempt from disclosure, the requester shall be notified in writing.

The Chelan Douglas Regional Authority charges \$.15 per page for standard black and white photocopies; however, the CDRPA may elect to use a commercial copying center. The CDRPA charges out-of-pocket costs for nonstandard copies (color copies, blueprints, or photographs), out-of-pocket costs for outside services, and out-of-pocket costs for postage/shipping.

BELOW FOR STAFF USE

Date/time request received at POK: _____ Received by: _____ Forwarded to: _____
 Requested in writing Requested by phone Requested in person

Documents sent to attorney for review? Yes No Date: _____

Date and time requester was notified documents were available for viewing: _____

Date and time requester viewed documents: _____ Date copies provided, if requested: _____

Reason request was denied, if applicable: _____

Other Comments: _____

Copy Charges

Standard Black & White Photocopy:	_____ @ \$0.15 per page	=	\$ _____
Information copied to CD:	_____ @ Actual cost to reproduce	=	\$ _____
Out-of-Pocket Cost for Nonstandard Photocopy (color copies, blueprints, photographs):	_____	=	\$ _____
Out-of-Pocket Cost for Postage/Shipping:	_____	=	\$ _____
TOTAL CHARGE:			\$ _____

Date Paid: _____ Cash _____ Check _____ Processed by: _____