



**Attention: Custodian of Records**

600 SE Bay Boulevard Newport, OR 97365  
541-265-7758 / 541-265-4235 Fax  
khewitt@portofnewport.com

# PUBLIC RECORDS REQUEST FORM\*

\*The Port will not recognize/accept any other means of public records request pursuant to Resolution 2015-04.

## Requester Information (Please print clearly):

|  |                |
|--|----------------|
| Name:  | Request Date:  |
| Mailing Address:   |                |
| Daytime Phone:   | Email Address: |
|  | Fax Number:    |
| Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email   |                |
| Is this request related to a lawsuit in which the Port of Newport is a party, or a tort claims notice filed with the Port of Newport? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| If yes, claimant name and incident date:   |                |

**Description of Records Requested:** (Describe in detail the type of document, date, author, title, etc. If you need more room, please attach additional sheet(s). Please indicate if you want to inspect the records or if you need certified copies of the records. If no indication is made, regular copies will be provided):

**Copies may be furnished without charge or at a substantially reduced fee if the General Manager determines that the waiver or reduction of fees is in the public interest because making the record available primarily benefits and will be distributed to the public at large, not an individual or group.**

Does this request primarily benefit the general public?  Yes  No If yes, please describe the particular or specific public benefit below:

Preferred method of receiving the described records:  Mail  Email  Fax

**Note: Additional charges may be assessed (e.g. postage or staff time for faxing material). Fees are reviewed annually.**

- The Port will respond to your request as soon as practicable and without unreasonable delay.
- If the estimated costs involved in fulfilling your request exceed \$25, the Port will advise you of the estimated costs and require your approval before beginning the request.
  - The Port requires a deposit in the full amount of the estimated costs before expending additional resources on the request.
  - If the actual costs of completing the request exceeds the estimate, the Port will not release the records until the actual costs are paid in full. If the actual costs of responding to the request is less than the estimated cost, the balance of the requestor's deposit will be refunded.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the costs associated with fulfilling this Public Records Request according to the conditions as set forth above. These costs may include the cost of searching for records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records. I agree to pay a maximum of \$25 without further approval.

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_