



PORT OF KINGSTON

Request for Disclosure of Public Records RCW 42.56

This completed form is an open public document and may be released to any requestor

Name of Requestor:	Email:	Phone:
Address:	City:	State/ZIP:

I wish to inspect/receive a copy of the following record(s): Please describe the documents in detail; additional pages can be attached.

Select Action:

- I would like to inspect the above record(s), which will be made available at 25864 Washington Blvd., Kingston, WA 98346, during regular business hours. The Port will contact the requestor to schedule the record(s) inspection.
- I would like a printed COPY of the record(s). Printed copies are \$0.15 per page; due at pick up.
- I would like the record(s) mailed to me; pre-payment of postage and copies are required.
- I would like the record(s) emailed to me (unless large file size prohibits). Scanned paper copies are \$0.15 per page; pre-payment due before transmittal.

I certify that any list of individuals obtained will not be used for any commercial purpose RCW 42.56

Signature of Requestor: _____ Date: _____

