



# Port of Astoria

10 Pier One • Astoria OR 97103 • Tel 503-436-3300 • Fax 503-741- 3345 • [www.portofastoria.com](http://www.portofastoria.com)

\_\_\_\_\_  
Name of Person Requesting Records Date

\_\_\_\_\_  
Address City State / Zip

\_\_\_\_\_  
Signature Telephone

Record(s) / Document(s) Requested (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(NOTE: If any of the material requested is exempt from disclosure by Oregon Statute, the Port will provide information on the material that may be exempt, and the reason for the exemption).

The request may be subject to the following estimated fees (payable on delivery):

		\$	
		\$	
		\$	
	Total		\$ _____

Requestor Initials \_\_\_\_\_

Received By \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Request Approved By \_\_\_\_\_ Date \_\_\_\_\_

Request Denied By \_\_\_\_\_ Date \_\_\_\_\_

Records \_\_\_\_\_

are exempt based on ORS \_\_\_\_\_ for reason of \_\_\_\_\_