



ATTN: Records Custodian: 10 Pier 1, Suite 308 • Astoria OR 97103 • Tel 503-741-3300 • Fax 503-741-3345 • www.portofastoria.com

Public Records Request Form

Requestor Information:

Name: _____ Date: _____

Address: _____

City

State

ZIP Code

Phone: _____ Email: _____

Records/Documents Requested (please be specific):

Note: This request is subject to fees which are payable prior to release of requested information. Please see price list. If more space is needed, please provide additional requests on a separate sheet.

Preferred method of receiving documents:

Mail: _____ Email: _____ Fax: _____ Will Pick-Up: _____

Signature: _____

Port of Astoria Use Only

Received By: _____ Date: _____ Respond by: _____

Approved/Denied: _____ By: _____ Counsel Review? _____

Fees: \$ _____ Date Paid: _____ Records Released Date: _____

Exempt Records? _____ Reason: _____
