



ATTN: Records Custodian: 422 Gateway Avenue, Suite 100 • Astoria OR 97103 • Tel 503-741-3300  
[www.portofastoria.com](http://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: \_\_\_\_\_

\_\_\_\_\_