## **Port of Benton**

3250 Port of Benton Blvd. Richland, WA 99354 Phone: (509) 375-3060

Fax: (509) 375-5287



## **Request for Public Record**

Date of Request	Time of Request	
Specify records requested (or attach d	lescription)	
Please select one of the three methods	s provided:	
☐ Requester will inspect records	•	
☐ Requester would like copies pr		
	t records and make copies as needed	
-	vs of receiving this request by either providing the reviding a reasonable estimate of time to respond, de	-
	phibits the use of public record lists of individuals fouring the requested records for commercial purpose	
Name(print)	Signature	
Address	City	State
Telephone Number		
Dated this day of	, 20 E-mail Address	
☐ I certify that the records/information	n obtained through this request will not be used for	commercial purposes
	ELOW FOR STAFF USE	The property of
Date received by PoB	Number of records requestedl	Received by
Standard B&W Xerographic Copies	@ \$0.15 per page	= \$
	@ Actual cost to reproduce	
Color copies, blueprints, photographs	@ Actual cost to reproduce	= \$
Shipping/Handling		= \$
Other out of pocket costs		= \$
	TOTAL CHARGE	= \$
□ RELEASE OF RECORDS APPRO	VED	
☐ RELEASE OF RECORDS DENIEI	)	
David J. Billetdeaux, Port Counsel		