|  |  |
| --- | --- |
| **Date of Request** | Click here to enter text. |
| **Requester’s Name** | Click here to enter text. |
| **Mailing Address** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.**  |
| Click here to enter text. |
| **After requested records are retrieved, I would like to:** |[ ]  Inspect the records at the Port office302 N Mill Street, Colfax, WA 99111. 7:30 a.m. – 4:00 p.m. PST. |
|  |[ ]  Receive hard copies via [ ] mail or [ ]  pickup   **Copies will be made for $0.15 per copy.** |
|  |[ ]  Receive electronic copies via email or other (please specify) |

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Date**

**The following sections are for Port Use Only and will be modified for individual requests:**

**Search Terms**

|  |  |
| --- | --- |
|  |  |

**Search Areas Checklist**

[ ]  Shared Drive- [ ]  Staff Name

[ ]  Computer hard drives- [ ]  Staff Name | [ ]  Staff Name | [ ]  Staff Name | [ ]  Staff Name

[ ] Comm. Name | [ ] Comm. Name | [ ] Comm. Name

[ ]  Email- [ ]  Staff Name | [ ]  Staff Name | [ ]  Staff Name | [ ]  Staff Name

[ ] Comm. Name | [ ] Comm. Name | [ ] Comm. Name

[ ]  Text Messages- N/A- Texting for Port business is prohibited.

[ ]  Hardcopy Files- [ ]  Staff Name

[ ]  Facebook posts- [ ]  Staff Name

[ ]  Website posts- [ ]  Staff Name

**Timeline**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **Date** | **Responsible** | **Notes**  |
| Date Received |  |  |  |
| Alert all agency staff and officials who may possess or know about any records responsive to the request. |  |  | Inform staff and officials to retain possession of records covered by the requests, including any records that may be scheduled for destruction. Port staff may not destroy or otherwise delete responsive records until the request is fulfilled.Inform counsel. |
| Five-Day Notice Sent. |  |  |  |
| Finalize Search Areas and Timeline for staff. |  |  |  |
| If applicable, inform affected third-parties of the request. |  |  |  |
| Provide requester with search terms and locations and provide updated estimated timeline. |  |  |  |
| Complete search for documents. |  |  | Save to CloudStation\Public Records Disclosure\Requests\...If hardcopy ONLY, scan and save to folder. Please name all documents so they are easily identified and add your initials.If you do not have responsive documents, please email STAFF NAME with statement. |
| Complete review for redactions/ exemptions. Complete an Exemption Log if necessary. |  |  |  |
| Assemble final responsive documents and provide to requestor. |  |  |  |
| Response Completed |  |  | The Port’s response to a request shall be deemed complete upon the requester’s inspection of the records, or upon notification that copies of all the requested records are available for payment and delivery or pick up, or upon notification that records have been mailed or emailed, or upon notification that no responsive records were located. |