## **PUBLIC RECORDS REQUEST FORM**

Name:	Date of Request
Address:	
	Email:
Will this information be used for comm	nercial purposesYESNO
Have you contacted any other Port of S	Siuslaw employee about this request? If yes,
Name of employee contacted:	
Records/Documents Being Requested:	
	l background information that will help Port of Siuslaw to locate the records requested
	or important information about the Port of Siuslaw's ords Request Policies and Procedures
Information provided via:	For Office Use Only
Telephone E-mail	Letter Fax In person
Staff member who completed request:	Date:
Cost of processing request:	Paid Date: