



# Port of Brookings Harbor

**Attention: Custodian of Records**

16330 Lower Harbor Rd, Brookings, OR 97415  
541-469-2218 / 541-359-3339 Fax  
[info@portofbrookingsharbor.com](mailto:info@portofbrookingsharbor.com)

## PUBLIC RECORDS REQUEST FORM\*

\*The Port will not recognize/accept any other means of public records request pursuant to Resolution 466.

**Requester Information (Please print clearly):**

Name:		Request Date:	
Mailing Address:			
Daytime Phone:		Email Address:	
		Fax Number:	
<ul style="list-style-type: none"> <li>Preferred method of contact:    <input type="checkbox"/> Mail    <input type="checkbox"/> Phone    <input type="checkbox"/> Email</li> </ul>			
Is this request related to a lawsuit in which the Port is a party, or a tort claims notice filed with the Port of Brookings Harbor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, claimant name and incident date:			
<b>Description of Records Requested:</b> (Describe in detail the type of document, date, author, title, etc. If you need more room, please attach additional sheet(s). Please indicate if you want to inspect the records or if you need certified copies of the records. If no indication is made, regular copies will be provided):			
<p>Copies may be furnished without charge or at a substantially reduced fee if the Port Manager determines that the waiver or reduction of fees is in the public interest because making the record available primarily benefits and will be distributed to the public at large, not an individual or group.</p> <p>Does this request primarily benefit the general public? <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, please describe the particular or specific public benefit below:</p>			
Preferred method of receiving the described records: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax			
*Fees are reviewed annually.			
Note: Additional charges may be assessed (e.g. postage or staff time for faxing material).			
<p>The Port will respond to your request as soon as practicable and without unreasonable delay.</p> <ul style="list-style-type: none"> <li>If the estimated costs involved in fulfilling your request exceed \$25, the Port will advise you of the estimated costs and require your approval before beginning the request.</li> <li>If the fee estimate exceeds \$100, a 50% deposit may be required to begin work.</li> <li>Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.</li> </ul>			

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the costs associated with fulfilling this Public Records Request according to the conditions as set forth above. These costs may include the cost of searching for records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records. I agree to pay a maximum of \$25 without further approval.

Signature of Requester: \_\_\_\_\_

Date: \_\_\_\_\_