

## REQUEST FOR PUBLIC RECORD

REQUESTER: Please complete form and submit to "Public Records Officer" of the Port of Bremerton TIME OF REQUEST DATE OF REQUEST TO: PORT OF BREMERTON PUBLIC RECORDS OR INFORMATION REQUESTED REQUESTED BY COMPLETED BY AGENCY ACKNOWLEDGEMENT OF RECEIPT REQUESTER READ AND SIGN NUMBER OF COPIES AMOUNT RECEIVED DATE OF RECEIPT TIME OF RECEIPT I understand that I will be charged  $\underline{15}$  cents per copy for all copies I desire and, if applicable, all associated mailing costs. PUBLIC RECORDS OFFICER RECIPIENT'S SIGNATURE Other publications would be available at cost. REASON IF AGENCY IS UNABLE TO COMPLY REQUESTER'S SIGNATURE