

# PORT ANGELES HARBORWORKS DEVELOPMENT AUTHORITY

PO Box 2609, Port Angeles, WA 98362

info@paharborworks.org

Date/Time Received \_\_\_\_\_  
Received by \_\_\_\_\_

## REQUEST FOR PUBLIC RECORDS

Requestor's Name: \_\_\_\_\_  
(please print)

Requestor's Address: \_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city) (state) (zip code)

Day Phone (\_\_\_\_\_) \_\_\_\_\_

I wish to: \_\_\_\_\_ Review a record(s) \_\_\_\_\_ Obtain photocopies of a record(s)

Complete description of record requested complete with title and date, if known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If receiving photocopies I understand and agree that the Port Angeles Harbor Works Development Authority will charge a fee for copying the requested document(s). I also understand that the Public Records Officer may require a deposit from me in an amount not to exceed ten percent of the estimated cost of providing copies for a request. If the Public Records Office makes a request available on a partial or installment basis, the Officer may charge me for each part of the request as it is provided. If an installment of a records request is not claimed or reviewed, I understand that the Authority is not obligated to fulfill the balance of the request.

\_\_\_\_\_  
(Requestor's Signature)

\_\_\_\_\_  
(Date)

**Note to Requestor:** Also complete Attachment "A" **IF** you are requesting records that may contain a list of individuals. Also complete Attachment "B" **IF** you will be providing your own portable data storage equipment to receive public records.



**Other Services**

_____ Conversion of Electronic Formats	\$30.00/15 min. increment	_____
_____ Scanning to Electronic Format	\$30.00/15 min. increment	_____
_____ Preparation of GIS Maps/Data *	\$35.00/15 min. increment	_____
* Maps or data that require extensive processing time or require additional ink and plotting supplies will be charged at a higher rate		
_____ Copies produced by outside source	Actual cost	_____
c. Postage		_____
d. Other Charges _____		_____
e. Subtotal		_____

**TOTAL DUE** \_\_\_\_\_

REQUESTOR CONTACTED REGARDING FEE AMOUNT ON \_\_\_\_\_ BY \_\_\_\_\_

FEES COLLECTED ON \_\_\_\_\_ BY \_\_\_\_\_

REQUEST GIVEN/SENT TO REQUESTOR ON \_\_\_\_\_ BY \_\_\_\_\_

PORT ANGELES HARBOR WORKS DEVELOPMENT AUTHORITY

REQUEST FOR PUBLIC RECORDS

Note: The form below is to be completed, signed, and notarized only if the request for records may contain a list of individuals.

I, \_\_\_\_\_, requested the following records: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the record(s) that I requested contains a list of individuals, I attest that:

\_\_\_\_\_ I am not requesting the list for commercial purposes.

\_\_\_\_\_ I am specifically authorized or directed by law to obtain the list of individuals for commercial purposes as identified by the following law: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Requestor's Signature)

\_\_\_\_\_  
(Date)

STATE OF WASHINGTON     )  
  ) SS  
COUNTY OF CLALLAM     )

On this day personally appeared before me \_\_\_\_\_ to me known to be the individual or individuals who executed the within and foregoing instrument, and acknowledged that he signed the same as his or her free and voluntary act and deed.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY  
USING CUSTOMER'S PORTABLE DATA STORAGE EQUIPMENT  
FOR PUBLIC RECORDS REQUEST**

**Recitals.**

I, the undersigned, acknowledge and fully understand that by providing my own portable data storage equipment (such as a thumb drive, USB flash drive, or external hard drive) that the Authority assumes no liability for any loss or corruption of existing data or damage to my portable data storage equipment.

**Agreement.**

In consideration of my being allowed to provide my own portable data storage equipment for downloading public records pursuant to my public records request, I hereby represent and agree as follows:

**Assumption of Risks.**

I assume all of the risks described in the Recitals section above and accept personal responsibility for any and all damages of any kind to any portable data storage equipment I provide to the Authority for electronic transmission of data or loss or corruption of existing data.

**Release of Liability.**

I hereby release, waive all claims of liability against, discharge and hold harmless the Port Angeles Harbor Works Development Authority and its officers and employees, (collectively referred to herein as "Released Parties") from any and all liability to the undersigned for any claims, demands, causes of action, losses or damages, on account of damage to any portable data storage equipment or data thereon.

I have read the above waiver and release in its entirety. I understand that the captions and titles used above are for convenience of reference only and in no way define, limit or describe the scope or intent of the foregoing provisions. I hereby acknowledge that I am signing voluntarily.

Requestor's Signature: \_\_\_\_\_

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