

**Port of Indianola**  
**REQUEST FOR PUBLIC RECORDS**

**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**RECORD REQUESTED.**

**TITLE OF RECORD** \_\_\_\_\_

**DATE OF RECORD** \_\_\_\_\_

**DESCRIPTION OF RECORD** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORD DELIVERY METHOD**

- I would like to have the records mailed to me and agree to pay mailing charges
- I will pick up the records in person by appointment
- If available, I would prefer to have the records emailed to me. If the files are too large for email, other arrangements will be made.

1. I certify that the list of individuals obtained through this request for public records will not be used for commercial purposes.
2. I understand that there is a minimum charge of 15 cents per page, payable at the time of request, I will then receive the requested documents within seven working days.
3. A completed request form is to be presented in person either by appointment or at a regularly scheduled Port meeting. No mailed or faxed copies will be accepted.

**SIGNATURE** \_\_\_\_\_

**PLEASE PRINT NAME** \_\_\_\_\_

**NUMBER OF COPIES** \_\_\_\_\_

**TOTAL CHARGE** \_\_\_\_\_