

PUBLIC RECORDS REQUEST FORM

TO: _____
(Person in charge of record and department)

Date: _____

I request inspection / copies of the following records in your office: (circle one)

If any material contained in this request is exempt from disclosure, I understand you will provide the name of the document and the reason for the exemption.

(Name of Requester)

(Address of Requester)

(Daytime Phone Number)

(Signature of Requester)

(To be completed by the receiving department and returned to the District Recorder)

Your request for these records has been approved / denied (circle one).

The request has been **APPROVED** and the following estimated fees will be charged/refunded for costs associated with this public records request:

Number of copies made _____ x \$0.25 sheet	= \$ _____
Number of media recordings _____ x \$20.00/recording	= \$ _____
Number of Fax copies _____ x \$1.00/each page	= \$ _____
Staff time at \$35.00/hour x _____ hours	= \$ _____
Fire/Ambulance Report \$15.00 first 10 pages plus \$0.25 x _____ page thereafter	= \$ _____
Attorney Fees \$226.00 per hour	= \$ _____
Estimated Amount due	= \$ _____

The request has been **DENIED** based on ORS _____ as the following records are exempt from disclosure, in whole or in part, for these reasons: _____

(Custodian Name)

(Custodian Title)

(Custodian Signature)

(Date)

July 1, 2024