



PUBLIC RECORDS REQUEST

Oregon Public Records Law grants each person the right to inspect the records of a public body (unless exempt from disclosure).

Request Date: _____ Daytime Phone: _____
Contact Name: _____ Alternate Phone: _____
Address: _____ City, State, Zip: _____
Email Address: _____

This form must be submitted to the custodial department (to complete this section, include department name/department head name and department location):

Name of Department: _____
Attn: _____
Address: _____
City, State, Zip: _____

I want to: View Documents Purchase Copies of Documents

Description of records requested (please be as specific as possible, attach additional pages if necessary):

If this request is for property records please list **Property Address and/or/Parcel #/Map ID:**

Fees: (as per Lake County Fee Ordinance #52:

Photocopies.....	\$.25 per page	Faxes – County Doc.....	\$1.00 Outgoing
Computer Prints.....	\$.25 per page	Returned NSF Check.....	\$25.00
CD.....	\$35.00 each + research fee	Research Fee.....	\$50.00/hour (\$25.00 Minimum)

Outside Party fees (such IT Contract) may have additional charges no set by ordinance

STAFF USE ONLY:

County does not possess or is not the custodian of requested record(s)
 Copies of all requested, non-exempt records provided
 County has at least some of the requested records, time and fee estimate provided.
 Estimate provided Requestor accepted, records provided Requestor declined
 Unknown whether County has any requested records, search required, response to follow.
 Response provided Records Provided Requestor declined

Acknowledgement of record prohibited or restricted under State or Federal Law _____

By: _____ Comments: _____

Time Spent: _____

Number of Copies: _____

Fees Paid: _____