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: ____________________________  ______________________________