

Mayor

Jon Ball

Councilors

Kathy Nuckles

Paige Winfrey

Jim Hubbard

Steven Mitchell

PUBLIC RECORDS REQUEST\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information I am requesting is: (Please be specific)

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

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

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

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

***Records may be viewed at City Hall for no charge. Copies are $0.30 per page.***

***Records requests shall be in writing and submitted to City Hall.***

For office use only

[ ] The City is not in possession of the requested records;

[ ] Further information is required to clarify the request. Please provide the following:

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

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

[ ] Copies of the requested records are attached.

[ ] The City is in possession of at least some of the requested records.

[ ] It will take approximately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to provide the records.

[ ] The estimated cost is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] It is uncertain that the City is in possession of the records.

[ ] It will take approximately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to search for the records.

[ ] The public records requested are exempted from public disclosure under State and Federal law.

Info complied by: \_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ City Admin \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount due: $\_\_\_\_\_\_\_\_\_\_\_\_ Date notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date picked up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* A fee of $45 per hour shall be charged for any public document request that requires more than minimal time for City hall staff to locate the requested documents and/or produce copies. If the estimated time will exceed fifteen minutes, the individual making the request shall pre-pay up to $100 of the estimated fee before the research is initiated. When the deposit has been used staff will contact applicant for authorization to continue the research. Upon completion of the research, the individual shall pay any additional costs based on the actual time at the hourly rate. The City will refund any un-used portion of the pre-payment. Copy charges shall apply to any copies made.

22451 Highway 62 ◆ PO Box 1210 ◆ Shady Cove OR 97539 ◆ (541) 878-3025 ◆ FAX: (541) 878-2226

E-Mail: TCorrigan@shadycove.org ◆ Web Site: [www.shadycove.org](http://www.shadycove.org)