**PUBLIC RECORDS REQUEST FORM**

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Records or Documents be requested (please be specific):**

Use the back of this sheet if more room is needed. Please attach any additional background information that will help City Staff locate the request records.

Do you want these records mailed to you? (cost of postage will be added) **Yes No**

ORS 192 contains exemption to the public records law and authorizes the City to adopt reasonable fees to reimburse for actual cost in the making public records available. Upon receipt of this written request, the City will determine of the requested record is exempt from disclosure and will provide a cost estimate. The requester must confirm their request after receiving the cost estimate prior to the request being completed. A deposit may be required if the estimated cost to complete the request is $25 or more.

**Requestor Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For City Use Only:**

Estimated Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requester confirmed Yes No

Information Complied By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Pick-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROCEDURE FOR PUBLIC RECORDS REQUEST**

1. Complete and return the Records Request Form with as much information as possible.

City of Weston

114 E Main / PO Box 579

Weston, OR 97886

541 566-3313

1. The City will provide a cost estimate and must receive confirmation that you want the City to proceed with your request. A deposit fee may be required if the estimate cost is $25 or more.
2. The City will provide an estimate date you may pick up your records or when they will be emailed or mailed.
3. If you are requesting to inspect records at City Hall, you will be called with an available time to inspect the records. A place for one person will be provided for reviewing the records. One file at a time will be made available. Any pages you wished copied should be marked with sticky noted provided by the city.
4. When your inspection has been completed, return the last file. If staff is available the copies will be available at that time. If staff is not available to copy the requested pages at the time you will be notified when you can receive the copies. A fee will be charged to cover a staff member’s time for remaining in the room with the files.

**GENERAL FEES**

(A listed in the City Fee Schedule)

Photocopies (B/W) $0.25 per page

Photocopies (Color) $1.00 per page

Fax $1.00 up to 3 pages

Record request

CD $30.00

Addition copies of CD $15.00

Staff Research Rate $15.00 per 15 minutes

**CITY RESPONSE TO REQUEST**

(Please check one)

\_ The City is not in possession of the request records.

\_ Further information is required to clarify the request. Please provide additional

Information.

\_ Copies of the request records are attached. **Estimated Cost is $\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_ It is uncertain that the City is in possession of the records.

\_ The public record(s) requested are exempted from public disclosure under state

And/or federal law.

Rev: 6/2024