



PUBLIC RECORDS REQUEST

REQUESTOR INFORMATION				
Name:		Date of Request:		
Mailing Address:				
City, State, Zip:		Daytime Phone:		
Email Address:				
Preferred Method of Contact (check one)	Mail <input type="checkbox"/>	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	
Is this request related to a lawsuit in which the City is a party, or a tort claims notice filed with the City?			Yes	No
Copies may be furnished without charge or at a substantially reduced fee if the City Manager or designee determines that the waiver or reduction of fees is in the public interest because making the record available primarily benefits the general public. Does this request primarily benefit the general public? If Yes, please describe the public benefit in the below description of your request.			Yes	No

DESCRIPTION OF RECORDS REQUESTED
Please describe the materials you are requesting in as much detail as possible: type of document, date, author, title, etc. If you need more room, please attach additional sheets. Please indicate the date the information is desired. Indicate if you want to inspect the records or if you need certified copies of the records. If no indication is made, regular copies will be provided.
<i>(Attach additional sheets as necessary.)</i>

- The City will provide an initial response to your request within five (5) working days, as indicated on the back of this form.
- If the estimated costs involved in fulfilling your request exceed \$25, the City will advise you of the estimated costs and require your approval before beginning work.
- Pre-payment of the estimated costs may be required before taking further action on your request.
- Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the cost of fulfilling this Public Records Request according to the conditions set forth above. These costs may include the cost of locating records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records. I agree to pay a maximum of \$25 without further approval.

Signature of Requestor

Date



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For City Use Only			
1. Received	2. Mandatory Notification	3. Information/Clarification	4. Fees
Date: _____ Request #: _____	Date: _____ Method (circle): Copy of Form Email Mail	Request Date: _____ Date Received: _____	Total Fees: _____ Date Notified: _____ Date Paid: _____
5-day count begins	10-day count begins	10-day count stops (for response); restarts when rcv'd*	10-day count stops (for payment); restarts after

The City of Millersburg acknowledges receipt of your Public Records Request and responds as follows:

	<p>PART A</p> <p><input type="checkbox"/> 1. Enclosed are copies of requested public records for which the City does not claim an exemption from disclosure. \$ _____ payable in full at the time copies are provided. (For fees exceeding \$25 Part B must be completed.)</p> <p><input type="checkbox"/> 2. The City will provide copies of all requested public records for which the City does not claim an exemption from disclosure as soon as practicable. \$ _____ payable in full at the time the copies are provided. (For fees exceeding \$25 Part B must be completed.)</p> <p><input type="checkbox"/> 3. Some or all of the public records requested are exempt from disclosure and will be redacted or not provided. _____ (applicable State or Federal Law must be listed).</p> <p><input type="checkbox"/> 4. The City requests additional information or clarification before City staff can search for the records and make an appropriate response. Please contact _____ to provide more detail on the type of document, date, author, title, etc.*</p> <p><input type="checkbox"/> 5. The City is uncertain whether it possesses the public records and will search for the records and make an appropriate response as soon as possible.</p> <p><input type="checkbox"/> 6. The City does not possess or is not the custodian of the requested public records.</p> <p><input type="checkbox"/> 7. State or Federal Law _____ prohibits the City from acknowledging whether the record exists or acknowledging whether the record exists would result in the loss of federal benefits or other sanctions.</p> <p><input type="checkbox"/> 8. The City is the custodian of at least some of the requested public records and an estimate of time and fees for disclosure will be provided by the City within a reasonable time.</p> <p><input type="checkbox"/> 9. The request pertains to the records of an elected official; a response will be provided within seven (7) days (ORS 192.465(2)).</p>
<p>Research/Labor Charges \$ _____</p>	<p>PART B</p> <p>1. The City is the custodian of at least some of the requested public records, and the estimated fees exceed \$25. Please sign and return the following agreement to proceed.</p> <p>Estimated time the City requires before records may be inspected or copies provided: _____</p> <p>Estimated fees the requestor must pay before custodian can proceed with this request: \$ _____</p> <p>AGREEMENT to pay cost of proceeding with your public records request when estimated fees exceed \$25:</p> <p>A deposit in the amount indicated above is required to proceed with your request. Full payment of the total amount of costs incurred is required before the public records are inspected or copies released.</p> <p>I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS and further agree to pay the costs of fulfilling this Public Records Request according to the condition(s) set forth above. These costs may include: the cost of locating records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records, including the cost of searching for records.</p>
<p>Reproduction Charges _____ pgs \$ _____</p>	<p>_____</p> <p>Signature of Requestor</p> <p>_____</p> <p>Date</p>
<p>\$ _____ Total Payment Received</p>	<p>Requestor Name (print or type clearly)</p> <p>_____</p> <p>Requestor Name (print or type clearly)</p>
<p>_____</p> <p>Date of Payment</p>	<p>After signing return to: City Recorder, City of Millersburg 4222 Old Salem Road NE, Albany, OR 97321</p>
<p>* If no response from request for clarification is received within sixty (60) days, the Public Records Request will be closed.</p>	