

## Public Records Request

website: durham-oregon.us e-mail: cityofdurham@comcast.net phone: 503.639.6851

DO NOT USE THIS FORM FOR POLICE RECORDS.		Oregon Public Records Law allows citizens to view, inspect, and/or copy the records of the City unless exempt from disclosure. ORS 192.410 – 500. The Law does not require the City to create new records in response to a request. The City will provide existing records that are responsive to the request and not otherwise exempt from disclosure.	
Name:		Date:	
Organization: (Required)		Phone:	
Address:		Phone 2:	
Email:		Fax:	
Description of Records Requ	ested: ( <i>Please be as specific as po</i> s	ssible. You may	attach a letter)
I wish to arrange an appointment to view records:		FEES: \$30 per hour   Staff charges: \$0.25 per page   Copying (8x11): \$0.25 per page   Large copy: actual cost   Postage or courier: actual cost   Fax: \$2.00 per page   Scan: \$2.00 per page   True copy certification \$5.00 each	
Requested Date & Time:			
Signature Of Person Making The Request Date		TOTAL:	
The information provided in this form subject to public disclosure in accordance with the Oregon Public Records Law.			
FOR CITY USE ONLY:			
Date Received:	Approved/Denied (attach denial letter):		Date Completed:
Ву:	Staff Time:		Payment Received:
Files Checked Out:	Files Checked In:		Receint: