

## PUBLIC RECORDS REQUEST

**Contact Name:** \_\_\_\_\_

Affiliation (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Request: \_\_\_\_\_ Email: \_\_\_\_\_

**If you are requesting an alternative document format please circle one of the following: Braille, large print, audiotape**

**Description of record/document(s) with date or time of period known.** (Use additional sheets if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Other information that could narrow the search such as dates and names:  
 \_\_\_\_\_  
 \_\_\_\_\_

- This form is used to process public record requests in accordance with ORS 192.430.
- Please provide as much information as possible in the description to assist Clean Water Services (District) in locating the documents you are requesting.
- The file/record search charge will be \$41.00 per hour with a minimum of \$10.00. Pre-payment is required if the fee will exceed \$25.00.
- The table below contains the charges for copies according to District's current Rates and Charges.

8½ x 11	\$0.25 per copy
11 x 17	\$0.50 per copy
Large format greater than 11 x 17	\$2.00 per copy
Color plotting of existing maps	\$7.50 per sheet
Customized mapping	\$41.00 per hour

- You may also be billed for other personnel expenses necessary to respond to your request.
- **District reserves the right to seek advice from legal counsel regarding this request, and any records deemed exempt will not be provided.**

**Please indicate:**

- I would like to schedule a time to review the documents at the District.
- I would like electronic copies of records.
- I would like copies of records mailed to me.
- I would like to pick copies of the records up at the District.

**You may submit this form to Clean Water Services by email, mail or fax to:**

Email: recordsrequest@cleanwaterservices.org

Mail: Records, Clean Water Services, Attention: Christina Gangle, 2550 SW Hillsboro Highway, Hillsboro, OR 97123

Fax: 503-681-4405

**This section to be completed by District:**

Information requested: \_\_\_\_\_

Delivered: \_\_\_\_\_ By: \_\_\_\_\_ Cost: \$ \_\_\_\_\_