



## City of Arlington

### Public Records Request Form

This Public Records Request Form must be completed and submitted to Gilliam City to inspect or obtain copies of the City's public records (as defined under ORS 192.311 - 192.431). Persons interested in making a public records request are advised to review the City's public records request policy. You may contact the City Office if you have any questions or concerns regarding this form or the public records request process.

#### A. Requester Information

Name of Requesting Individual: \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

#### B. Record(s) Requested

Describe the public record(s) you are requesting. Please provide a sufficiently detailed description of the public record(s) requested, including the dates, subject matter, and such other information concerning the requested public record(s) as may be necessary to enable City personnel to search for and locate the public record(s).

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C. Purpose of Records Request

Because the identity and motive of the person seeking disclosure of a particular public record may be relevant in determining whether a record is exempt from mandatory disclosure under a conditional exemption, please provide a brief statement as to the purpose of your public records request.

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PUBLIC RECORDS REQUEST FORM

D. Receiving Record(s)

Please specify the delivery/inspection date desired and preferred method of receiving the requested public record(s), if applicable. City does not guaranty that the requested public record(s) will be delivered or made available by your desired delivery/inspection date.

I would like to view/inspect the record(s) on \_\_\_\_\_.

I would like to receive copies of the requested public record(s) by: \_\_\_\_\_.

By: Mail \_\_\_\_\_ Will pick-up \_\_\_\_\_ Email \_\_\_\_\_

I have received and reviewed City's fee schedule. \_\_\_\_\_ (initial)

I understand that I will not receive the requested public record(s) unless and until I have paid the fees estimated by City for providing the requested public record(s). If the estimated fees exceed City's actual cost, the overpayment will be refunded to me. I will pay additional fees to the extent the estimated fees are less than the actual expenses incurred by City. \_\_\_\_\_ (initial)

Signature:

Date:

**For City Use Only**

Date Request Received:

Time:

Estimated Fees:

Request Approved – requester notified on: \_\_\_\_\_ by: \_\_\_\_\_

Telephone

Mail

Email

In-Person

Request Forwarded to City's Attorney For Review – forwarded on: \_\_\_\_\_ by: \_\_\_\_\_

Request Denied – requester notified on: \_\_\_\_\_ by: \_\_\_\_\_

Telephone

Mail

Email

In-Person

Reason for Denial:

City does not maintain record(s) \_\_\_\_\_ Other: \_\_\_\_\_

Notes:

Request filled by:

Date:

Fees: