

CITY OF WILSONVILLE PUBLIC RECORDS REQUEST FORM

Oregon Public Records law grants each person the right to inspect the records of a public body (unless exempt from disclosure). City staff will contact you within 3 working days of receiving this request to advise timeline for expected completion.

Date and Time of Request:	Name: _____ Mailing Address: _____ _____ _____ E-Mail: _____ Phone #: _____ Cell #: _____ FAX #: _____	This form may be submitted: <ul style="list-style-type: none"> • In person • By Fax (503)682-1015 • By E-mail to: cityrecorder@ci.wilsonville.or.us
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Attention Requestor: To expedite your request be as *specific* as possible in describing the records being requested. Include the type of access requested (copying or inspection).

Description of Records Requested (be as specific as possible)	PRICES: Photocopies -8 1/2 x 11 - \$.25/page -8 1/2 x 14 - \$.25/page -11 x 17 - \$.25/page -24 x 36 - \$5.50 -34 x 44 - \$8.50 - Compact Disks - \$10 each -Audio - \$5.00 each <i>Research time will be billed at actual staff hourly rate.</i>
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- I want to inspect the requested records in person and do not want copies produced at this time.
- I would like copies of the requested records and I agree to reimburse the city for the costs of duplicating the requested records in accordance with ORS192.440, **which includes the actual cost of making the records available, prior to receipt of the requested material.**

Signed: _____, requester.

If applicable provide:

Street Address and/or Property Description (County tax map and tax lot; or subdivision lot and block):

Project Name(s): _____

For Staff Use Only

Number of <i>Files</i> Removed: _____	Files Removed By: _____	No. of Pages copied: _____
Number of <i>Boxes</i> Removed: _____	Time Spent: _____	Deposit Paid: _____
Number of <i>Microfiche</i> Removed: _____	File Return Date: _____	Balance Due: _____
Number of <i>Plans</i> Removed: _____	Re-filed by: _____	Balance Paid: _____