

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). The City shall respond to all requests as soon as practical and without unreasonable delay within five (5) business days or, within five (5) business days, will explain why more time is needed for a full response.

Date and Time of Request:	Name: _____ Company: _____ Mailing Address: _____ _____ E-Mail: _____ Phone #: _____ Cell #: _____ FAX #: _____	<p><u>This form may be submitted:</u></p> <ul style="list-style-type: none"> • By E-mail to: cityrecorder@ci.wilsonville.or.us • In Person or Via Mail: City Recorder's Office 29799 SW Town Center Loop E. Wilsonville, OR 97070 • By Fax (503)682-1015
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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)	<p>PRICES:</p> 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
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I want the requested records provided electronically by email.
 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.

How would you like to receive these records?
 Email
 Mail
 Pick-Up at City Hall

By signing the requester agrees to reimburse the city for the costs of duplicating the requested records in accordance with ORS 192.410-192.505, 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: _____