



CITY OF DALLAS PUBLIC RECORDS REQUEST FORM

Requestor's Information:

Name: _____ Company: _____

Address (including City, State, ZIP Code): _____

Email: _____ Phone: _____

Description of Records Requested (To expedite your request, be as specific as possible in describing the records being requested):

How would you like to receive these records?

I want to inspect the requested records 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 ORS 192.324-192.329, which includes the actual cost of making records available, prior to receipt of the requested materials.

How would you like to receive these records? Pickup at City Hall Email US Mail

Requestor must read and sign:

I understand that every person has a right to inspect any public record of a public body in this state, except as otherwise provided by ORS 192.311 to 192.478. Further, I understand that fees may be charged to reimburse the City for its actual costs in making the records available. Such calculation may include staff time, costs for summarizing, compiling, or tailoring a record to meet my request. I hereby request the City of Dallas City Recorder to produce, to the best of their ability, the records specified above. Any fees must be paid prior to release of the record(S) requested. A deposit for fees, based on the estimated cost, will be required for any estimate above \$25. For estimated above \$25, the City will provide a written estimate of the cost and will seek confirmation to proceed or cancel the request. I understand if the fee is not paid, or additional requested information is not provided within 60 days, the request will be closed.

Signature: _____ Date Submitted: _____

This form may be submitted:

- By email to: sam.kaufmann@dallasor.gov
- In person or via mail: City Recorder, 187 SE Court Street, Dallas, OR 97338

OFFICE USE ONLY

Request level: 1 2 3

Date completed: _____

Date acknowledged: _____

Date notified: _____

Estimated completion date: _____

Date picked up/mailed: _____

Amount due: \$ _____

Completed By: _____

City Recorder's signature: _____

Signature: _____