



# Public Records Request Form

**Stayton City Hall**  
362 N. 3<sup>rd</sup> Avenue  
Stayton, OR 97383  
(503) 769-3425  
(503) 769-1456 (FAX)  
[aangelo@ci.stayton.or.us](mailto:aangelo@ci.stayton.or.us)

## Requester Information (Please Print Clearly):

<b>Name:</b>		<b>Request Date:</b>
<b>Mailing Address:</b>		
<b>Daytime Phone:</b>	<b>Email Address:</b>	
	<b>Fax Number:</b>	
<b>Preferred method of contact:</b> <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email		
<b>Request for:</b> <input type="checkbox"/> General Public Records <input type="checkbox"/> Discovery for Stayton Municipal Court		
<b>View or Copies of Records?</b> <input type="checkbox"/> View Public Record(s) at City Hall <input type="checkbox"/> Copies of Public Records <input type="checkbox"/> Digital Copies <input type="checkbox"/> Paper Copies		
<b>DESCRIPTION OF RECORDS REQUESTED</b> <i>Describe in detail the type of document you are requesting. Include name, date, incident number, date of birth, address, author, title, etc. The more detail, the better. If you need more room, please attach additional sheets.</i>		
<b>Police Incident Report (Incident #, Date, Time, Location):</b>	<b>Open Records Check (Include name and DOB or Location):</b>	
<b>Preferred method of receiving the described records:</b> <input type="checkbox"/> Pick-Up <input type="checkbox"/> Email <input type="checkbox"/> US Mail (postage cost will be added)		

The City will respond to your request as soon as practicable and without unreasonable delay.

- ♦ If the estimated costs involved in fulfilling your request exceed \$25, the City will advise you of the estimated costs and require your approval before beginning the request.
- ♦ The City requires a deposit in the full amount of the estimated costs before expending additional resources on the request.
- ♦ If the actual costs of completing the request exceeds the estimate, the City will not release the records until the actual costs are paid in full. If the actual costs of responding to the request is less than the estimated cost, the balance of the requestor's deposit will be refunded.

I have read and agree to comply with the above conditions, and further agree to pay the cost of fulfilling this Public Records Request according to the conditions set forth above. These costs may include the cost of searching for records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records. I agree to pay a maximum of \$25 without further approval.

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_

### CITY OF STAYTON USE ONLY

Approved (date & initial) \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ Balance Paid: \_\_\_\_\_

Denied (date & initial) \_\_\_\_\_ Reason: \_\_\_\_\_

Requestor notified of status of request (date / time / by): \_\_\_\_\_