



Public Records Request Form

Stayton City Hall
362 N. 3rd Avenue
Stayton, OR 97383
(503) 769-3425
(503) 769-1456 (FAX)
aangelo@ci.stayton.or.us

Requester Information (Please print clearly):

Name:		Request Date:	
Mailing Address:			
Daytime Phone:		Email Address:	
Fax Number:			
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email			
<p>ORS 192.324(4)(a) authorizes the City to charge fees associated with public records requests. For details, please refer to the City's most recent Fee Schedule. Every attempt will be made to provide the requested records in a timely manner. ORS 192.318 allows the public body a reasonable time to respond to a records request. The amount of time that is reasonable will depend upon the volume of the records requested, the staff available to respond to the records request, and the difficulty in determining whether any of the records are exempt from disclosure.</p> <p><i>For Police Records: Under Oregon Public Records Law, cases still under investigation or a criminal arrest pending a court hearing are not releasable.</i></p>			
<p>I wish to: <input type="checkbox"/> View a record <input type="checkbox"/> Request a photocopy of a record</p> <p> <input type="checkbox"/> Listen to audio of meeting (s) <input type="checkbox"/> Request an audio copy from a meeting(s)</p>			
DESCRIPTION OF RECORDS REQUESTED			
<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>			
Police Incident Report (Incident #, Date, Time, Location):		Open Records Check (Include name and DOB or Location):	
Preferred method of receiving the described records: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other: _____			

The City will respond to your request as soon as practicable and without unreasonable delay. Documents will be mailed or provided to the requester within 30 days of receipt of full payment.

- ◆ 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.
- ◆ If the fee estimate exceeds \$100, a 50% deposit may be required to begin work.
- ◆ Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.

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): _____

All Public Record Request Forms are filed with the Administrative Services Manager