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| FOR OFFICE USE ONLY Date | |
| Received _____ | Request # _____ |

Umatilla County, Oregon PUBLIC RECORDS REQUEST

| REQUESTOR INFORMATION | |
|--|------------------|
| Name: | Date of Request: |
| Mailing Address: | |
| City, State, Zip: | Daytime Phone: |
| Email Address: | Fax Number: |
| Preferred Method of Contact (circle one) Mail Phone Email Fax | |
| Is this request related to a lawsuit in which Umatilla County is a party, or a tort claims notice filed with the County? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| DESCRIPTION OF RECORDS REQUESTED |
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| Please describe the materials you are requesting in as much detail as possible: type of document, date, author, title, etc. Indicate if you want to inspect the records or if you need copies. Additional charges will apply for copies. |
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| (Attach additional sheets as necessary) |

- The County will respond to your request within a reasonable time.
- If the estimated costs involved in fulfilling your request exceed \$25, the County will advise you of the estimated costs and require your approval before beginning work.
- Pre-payment of the estimated costs may be required before taking further action on your request.
- 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 the Public Records Request according to the conditions set forth above. These costs may include the cost of locating records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records. I agree to pay up to \$25 without further approval.

Signature of Requestor

Date