



**CITY OF PORTLAND
UNIFORM PUBLIC RECORDS REQUEST FORM**

Date of Request: _____

REQUESTOR INFORMATION

Name: _____

Mailing Address: _____

City, State, Zip: _____ Daytime Phone: _____

E-mail Address: _____ Fax: _____

Preferred method of contact: Mail Phone E-mail Fax

REQUEST DETAILS

1. Is this request related to a lawsuit involving the City of Portland? _____

If "yes," enter the case name, court docket number, or other identifying information:

2. Is this request related to a tort claims notice involving the City of Portland? _____

If "yes," enter the claimant's name and, if known, the incident date:

3. If you answered "yes" to question 1 or question 2, are you making this request on behalf of a party in the lawsuit or tort claim? _____

NOTE: If "yes," enter "City Attorney's Office" for question 4 in addition to any other applicable bureaus. This is required by state law (ORS 192.420(2)(a)).

4. Bureau or office, if known (a copy of this form must be submitted to each):

5. A fee reduction or waiver may be possible if the custodian determines that this request is primarily in the public interest. Does this request primarily benefit the general public? Please explain.

6. Does this request pertain to personnel records? _____

NOTE: If "yes," please attach a signed release from the employee.

7. How would you prefer to have this request fulfilled?

- | | |
|---|---|
| <input type="radio"/> I would like to inspect the records. | <input type="radio"/> I would like photocopies made and sent to me. |
| <input type="radio"/> I would like electronic copies made and sent to me. | <input type="radio"/> I would like photocopies made and held for me to pick up. |

DESCRIPTION OF RECORDS REQUESTED

Please include the following when describing the materials requested, to the extent known and with as much detail as possible:

- | | |
|--------------------|---|
| • Type of document | • Title |
| • Date | • Address of any real property at issue |
| • Author | • Subject matter |

NOTE: Additional sheets may be added if necessary.

Description:

-
- 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 those costs and require your approval before beginning work.
 - If the fee estimate exceeds \$25, a 50% deposit may be required to begin work.
 - Full payment of the total amount of costs incurred is required before the public records may be inspected or copies 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 Requestor

Date