



CLACKAMAS COUNTY OREGON
PUBLIC RECORDS REQUEST

(For Office Use Only)
DATE RECEIVED _____
REQUEST # _____

REQUESTOR INFORMATION					
Name:		Date of Request:			
Mailing Address:					
City, State, Zip:		Daytime Phone:			
Email Address:		Fax Number:			
Preferred Method of Contact (check one)		Mail <input type="checkbox"/>	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	
Is this request related to a lawsuit in which Clackamas County is a party, or a tort claims notice filed with the County?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copies may be furnished without charge or at a substantially reduced fee if the County Administrator or designee determines that the waiver or reduction of fees is in the public interest because making the record available primarily benefits the general public. Does this request primarily benefit the general public? If Yes, please describe the public benefit in the below description of your request.				Yes <input type="checkbox"/>	No <input type="checkbox"/>

DESCRIPTION OF RECORDS REQUESTED
Please describe the materials you are requesting in as much detail as possible: type of document, date, author, title, etc. If you need more room, please attach additional sheets. Please indicate the date the information is desired. Indicate if you want to inspect the records or if you need certified copies of the records. If no indication is made, regular copies will be provided.
<i>(Attach additional sheets as necessary.)</i>

- The County will respond to your request within 5 working days, or as indicated on page 2 of this form.
- 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 this 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 a maximum of \$25 without further approval.

Signature of Requestor

Date



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Clackamas County acknowledges receipt of your Public Records Request and responds as follows:

Page 2 of this form is for office use only: County Department Records Custodians complete PART A: Check box(es) that apply to this request; date and print your name next to checked box(es) in the column on left. If estimate is over \$25, also complete PART B below.

	<p>PART A</p> <p><input type="checkbox"/> 1. Enclosed are copies of all requested public records for which the County does not claim an exemption from disclosure. \$ _____ payable in full at the time the copies are provided. (For fees not exceeding \$25.00 – if fees exceed \$25 Part B must be completed)</p>
	<p><input type="checkbox"/> 2. The County will provide copies of all requested public records for which the County does not claim an exemption from disclosure, as soon as practicable. \$ _____ payable in full at the time the copies are provided. (For fees not exceeding \$25.00 – if fees exceed \$25 Part B must be completed)</p>
	<p><input type="checkbox"/> 3. Some or all of the public records requested are exempt from disclosure and will be redacted or not provided. _____ (applicable State or Federal Law must be listed)</p>
	<p><input type="checkbox"/> 4. The County requests additional information or clarification before County staff can search for the records and make an appropriate response. Please contact _____ to provide more detail on the type of document, date, author, title, etc.</p>
	<p><input type="checkbox"/> 5. The County is uncertain whether it possesses the public records, and will search for the records and make an appropriate response as soon as practicable.</p>
	<p><input type="checkbox"/> 6. The County does not possess or is not the custodian of the requested public records.</p>
	<p><input type="checkbox"/> 7. _____ (applicable State or Federal Law must be listed) prohibits the County from acknowledging whether the record exists; or acknowledging whether the record exists would result in the loss of federal benefits or other sanctions.</p>
	<p><input type="checkbox"/> 8. The County is the custodian of at least some of the requested public records and an estimate of the time and fees for disclosure of the public records will be provided by the County within a reasonable time.</p>
	<p><input type="checkbox"/> 9. The request pertains to the records of an elected official; a response will be provided within seven days. ORS 192.465(2).</p>
	<p>PART B (When fees exceed \$25 PART B is to be completed by County Records Custodians then signed and dated by the Requestor)</p> <p><input type="checkbox"/> 1. The County is the custodian of at least some of the requested public records and the estimated fees exceed \$25.00. Please sign and return the following agreement to proceed.</p> <p>Estimated time the County requires before the public records may be inspected or copies provided: _____.</p> <p>Estimated fees that the requestor must pay as a condition of proceeding with this request: \$ _____.</p> <p><u>AGREEMENT TO PAY COST OF PROCEEDING WITH YOUR PUBLIC RECORDS REQUEST when estimated fees exceed \$25.00:</u></p> <p>A deposit in the amount indicated will be required to proceed with your request. Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.</p> <p>I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the costs of fulfilling this Public Records Request according to the condition 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, including the cost of searching for records.</p> <p>_____ Signature of Requestor</p> <p>_____ Date</p> <p>_____ Requestor Name (Please type or print clearly)</p> <p>After signing, return to: _____ (County Contact)</p> <p>_____</p>
Research/labor Charges \$ _____	
Reproduction Charges _____ pages \$ _____	
\$ _____ Total Pmt Received	
Date of Pmt	