

CITY OF GOLD HILL

P.O. Box 308

Gold Hill, OR 97525

Tel: 541- 855-1525

PUBLIC RECORDS REQUEST

Name: _____

Address: _____

Home Phone: _____ Business: _____ FAX: _____

PUBLIC RECORDS/INFORMATION BEING REQUESTED:

(Be specific, *especially as to date ranges*. Attach additional sheet if needed)

Do you want these records mailed or will you pick them up? _____

Requestor to read and sign upon submitting request

I understand that every person has a right to inspect any public record of a public body in this state, except as otherwise expressly provided by OR 192.501 to 192.505. Further, I understand that fees will be charged to reimburse the City for its actual cost in making the records available. Such calculation may include staff time, cost for summarizing, compiling, or tailoring a record to meet my request. Copies of large documents are sometimes taken to a commercial copy business. For those documents the fee will be actual cost plus staff time. I hereby request that the City of Gold Hill Records Officer produce, as best of their ability, the records specified above. Payment in advance is required for charges estimated to be over \$10.00.

Name : _____ Date: _____

INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF

This request is best handled by the _____ Department. Therefore, for purposes of processing, a copy of this was provided to _____ on: _____

copied to: _____

Staff must advise the City Manager if documents are not able to be produced with seven (7) days