



1400 Queen Ave SE • Suite 201 • Albany, OR 97322
(541) 967-8720 • FAX (541) 967-6123

PUBLIC RECORDS REQUEST FORM*

**OCWCOG will not recognize/accept any other means of public records requests*

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 | | |
| Is this request related to a lawsuit in which OCWCOG is a party, or a tort claims notice filed with OCWCOG? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, claimant name and incident date here: | | |
| Copies may be furnished without charge or at a substantially reduced fee if the Executive Director determines that the waiver or reduction of fees is in the public interest because making the record available primarily benefits and will be distributed to the public at large, not an individual or group. | | |
| Does this request primarily benefit the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe the particular or specific public benefit below in the "Description of Records Request" box. | | |
| Description of Records Requested <i>Describe in detail the type of document, date, author, title, etc. If you need more room, please attach additional sheet(s). Please 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> | | |
| | | |
| Preferred method of receiving the described records: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <i>Note: Additional charges may be assessed, e.g., postage or staff time for faxing material</i> | | |

OCWCOG will respond to your request as soon as practicable and within seven (7) business days.

- If the estimated costs involved in fulfilling your request exceed \$25, OCWCOG will advise you of the estimated costs and require your payment before beginning the request.
- If the cost of providing the requested records is \$25 or less, payment is required before the 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 up to \$25 without further approval.

Signature of Requester _____

Date: _____

OCWCOG Staff: All Public Record Request Forms, along with OCWCOG Response forms are filed in General Administration

OCWCOG: RESPONSE TO PUBLIC RECORDS REQUEST

Requester's Name: _____ **Date of Request:** _____

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

| | |
|---|--|
| <input type="checkbox"/> | Enclosed are copies of all requested public records for which OCWCOG does not claim an exemption from disclosure. \$ _____ payable in full at the time copies are provided. (For fees not exceeding \$25.00) |
| <input type="checkbox"/> | OCWCOG will provide copies of all requested public records for which OCWCOG does not claim an exemption from disclosure, as soon as practicable . \$ _____ payable in full at the time copies are provided. (For fees not exceeding \$25.00) |
| <input type="checkbox"/> | Some or all of the public records requested are exempt from disclosure and will be redacted or not provided. _____ (state or federal law) |
| <input type="checkbox"/> | OCWCOG requests additional information or clarification before we can search for the records and make an appropriate response. Please contact _____ at _____ to provide more detail on the type of document, date, author, title, etc. |
| <input type="checkbox"/> | OCWCOG is uncertain whether it possesses the public records , and will search for the records and make an appropriate response as soon as practicable. |
| <input type="checkbox"/> | OCWCOG does not possess or is not the custodian of the requested public records. |
| <input type="checkbox"/> | _____ (state or federal law) prohibits OCWCOG from acknowledging whether the record exists ; or acknowledging whether the record exists would result in the loss of federal benefits or other sanctions. |
| <input type="checkbox"/> | OCWCOG 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 OCWCOG within a reasonable time. |
| <input type="checkbox"/> | OCWCOG is the custodian of at least some of the requested public records and the estimated fees exceed \$25.00 . Please sign below and return this agreement authorizing OCWCOG to proceed. |
| Estimated time OCWCOG requires before the public records may be inspected or copies provided: Date: _____ Time: _____ | |
| Estimated fees that requester must pay up front \$ _____ | |
| AUTHORIZATION TO INCUR COSTS AND AGREEMENT TO PAY COST OF PROCEEDING WITH YOUR PUBLIC RECORDS REQUEST when estimated fees exceed \$25.00. Full payment of the total amount of costs in excess of \$25.00 is required before the public records will be prepared and provided to you. | |

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and have attached payment as specified above.

Signature of Requester _____ Date _____

Printed Name of Requester _____

After signing, return to:
General Administration
Oregon Cascades West COG
1400 Queen Ave., SE Suite 201
Albany, OR 97322

