



## **Public Records Request Form**

Name of Requestor:	
Mailing Address:	
City/State/Zip: Ph	none/Fax #:
Email:	
How would you prefer to have this request fulfille	ed?
	would like photocopies made and mailed would like photocopies made to pick-up
Will this information be used for commercial pur	poses? 🗌 Yes 📄 No
Is this your first request for this information? If not, please specify date and nature of previo	

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

Dates (start to end)TitleSubject matterType of Document (reports, correspondence, etc.)Address of any real property involved

Description:

Use the back of this sheet if more room is needed. Please attach any additional background information that will help City staff locate represented records.



106 A Ave., PO Box 208 Seneca, OR 97873 (541) 542-2161 www.SenecaOregon.com



ORS 192.440(3) authorizes a public body to establish fees to reimburse for actual cost in making public records available. The actual cost may include: a charge for the time spent by the public body staff in locating the public records; reviewing the records in order to delete exempt material; copying records; certifying documents as true copies;

or sending records by special methods such as express mail. The Seneca City Council adopted Resolution No. 08-18, establishing a system of recovering City expenses incurred in responding to public documents and records requests.

Signature of Requestor

Date Submitted