120 S. Main Street, Banks, Oregon 97106
Phone 503-324-5112 Fax 503-324-6674 TTY 1-800-735-2900

PUBLIC RECORDS REQUEST FORM

_____ _____
Name of Requestor Date:

_____
Mailing Address

_____ _____
Signature Phone:

Records/Documents Being Requested (Please be specific): _____
_____
_____
_____
_____

If any material contained in this request is exempt from disclosure, I understand you will provide the name of the document and the reason for exemption.

The request has been **approved** and the following estimated fees will be charged:

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL $ _____

The request has been **denied** based on ORS_____ as the following records are exempt from disclosure, in whole or in part, for these reasons:

_____
_____
_____

_____ _____
Completed By Title

_____
Date Completed