

Public Records Request Form

Submit form to:
City Recorder
39250 Pioneer Blvd, Sandy OR 97055
(F): 503.668.8714 (E) recorder@ci.sandy.or.us



Requester Information:

Name: _____ Request Date: _____

Mailing Address: _____

E-mail: _____ Phone: _____

Preferred Method of Contact: Letter Phone Email

ORS 192.324 authorizes the City to charge fees associated with public records request. For details, please refer to the City's Fee Schedule. In addition, the fee may include executive review, as well as include the actual cost to the City for any contracted services to gather the records or legal review as necessary.

Records/Documents Information: Provide a detailed description of the records/information you are requesting: (Attach additional sheet if needed):

Date Range: _____

Form of medium requesting: _____

Description of records requesting: _____

Receive Information By: Mail Email Pick-up Other (Note additional charges may be assessed, e.g. postage or staff time for faxing material).

REQUESTOR TO READ AND SIGN UPON SUBMITTING REQUEST:

I understand that the documents or records requested may not be immediately available for my review and that I may need to make an appointment to review the documents or records. I acknowledge that there may be a cost for the research time to retrieve the requested records and costs for duplication of requested documents. If research time is required, I understand I will be notified of the estimated cost prior to retrieving the documents or records. I also understand that prepayment for research time and copies may be required. I acknowledge that any documents or records made available to review must not be disassembled and must be left intact, and that I cannot make copies myself.

Your signature below acknowledges that you have read, understand and accept financial responsibility for the fees associated with this public records request.

Signature of Requestor _____ Date: _____

Business Name (if applicable) _____

NOTE: This Public Records Request is a public record and subject to disclosure under the public records laws.

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PUBLIC RECORDS REQUEST PROCEDURE

1. Request a *Public Records Request Form* by fax, writing, email or in person at Sandy City Hall.
2. Fill out the request form completely, providing as much detail as possible for the document(s) you are requesting.
3. Submit the request to the City Recorder, City of Sandy, 39250 Pioneer Blvd, Sandy OR, 97055. Fax: 503-668 -8714 or e-mail: recorder@ci.sandy.or.us
4. Except as otherwise permitted by Senate Bill 481 (2017), the City shall acknowledge requests within five (5) business days. Within ten (10) business days from acknowledgement, the City shall fulfill the request or, in accordance with SB 481, Section 4, issue a written response.
5. If on-site inspection of documents is preferred over copies, such inspection shall occur during normal business hours at City Hall. An acceptable inspection time will be arranged between the requestor and the staff person or City Recorder. Space is provided for one person to inspect records per request. Nothing can be altered, added or removed from these records. Photographing records is not permitted, blueprints cannot be copied or removed from the premises by the public.
6. The City will submit a cost estimate (billable in 15 minute increments) to the requestor to provide the requested documents, including copying charges, research time (if required), and separating exempt records from non- exempt records. Requestor must confirm to the City to proceed with the request following receipt of the cost estimate. You will be required to pay costs of processing your request even if not records were found or if the records are exempt from disclosure.
7. If the estimated cost is \$39.00 or more, the City shall require a deposit in the full amount of the estimate before fulfilling the request. If the actual cost exceeds the estimate, the City will not release the documents until the fee is received in full.
8. If the estimated cost is less than \$39.00, the City will fulfill the request and present the requestor with an invoice to be paid before release of the documents.

******Police record requests are processed through the Police Records Division. Contact the Police Records Manager at 503-668 -2187 for the proper form. ******

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RESPONSE TO PUBLIC RECORDS REQUEST

Requester's Name: _____ Date of Request: _____

The City of Sandy acknowledges receipt of your Public Records Request and responds as follows:

- The City **will provide copies** of all requested records within ten (10) business days for which the City does not claim an exemption from disclosure. \$_____ payable in full prior to the release of copies.
- Some or all of the records requested are **exempt from disclosure** and will be redacted or not provided.
_____ (State of Federal Law)
- The City **requests additional information or clarification** before the City 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.
- The **City is uncertain whether it possesses the requested records**, and will search for the materials and make an appropriate response within ten (10) business days.
- The **City does not possess** or is not the custodian of the requested records.
- _____ (State or Federal law) prohibits the City from **Acknowledging whether the requested records exist**; or acknowledging whether the records exist would result in the loss of federal benefits or other sanctions.
- The City is the custodian of at least some of the requested records and an **estimate of the time and fees for disclosure of the records will be provided** by the City within ten (10) business days.

**** For Office Use Only****

Date Completed: _____ Completed By: _____ Fee Paid \$ _____

Receipt #: _____

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