Public Records Request and Discovery

West Linn 22500 Salamo Road West Linn, OR 97068 503.657.0331



Submit request to: City of West Linn, Fax: 503.657.0331 or E-mail: Name:	CWL Records@west	tlinnoregon.gov		
Address:				
City/State/Zip:				
Phone:				
E-mail:				
Preferred method of contact: Mail Phone	E-mail			
Please describe the purpose of your request, to the extent known and with as much detail as possible; include Case number, Date of Incident, and Name of Parties Involved: (Attach additional sheet if needed)				
1 st 20 pages \$ 5.00 – additional 8.5 x 11 \$ 0.25 8.5 x 14 \$ 0.30 11 x 17 \$	0.35 per page			
Records Research Fee: Staff hourly wage + benefits	_			
Please check how you would like to receive the requested document				
Review at City Hall Pick UP Email	US Mail			
REQUESTOR TO READ AND SIGN UPON SU	IBMITTING REQUEST			
I understand that every person has a right to inspect any public record of a public body in this state, except as otherwise provided by ORS 192.496 to 192.505. 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. I understand that by typing my name below and electronically submitting this request I will be adopting it as my signature and understand these terms.				
Requestor:				
Date:				
# Copies made:\$ Research fee and other media or materials				
	gth of time:	\$		
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Additional Charges:				
ADDITIONA	·	i		
Approved Date:	TOTAL DUE \$	<u>; </u>		
Approved Date: Denied Date:				
Reason:				
FOR INTERNAL USE ONLY				

Department: Building & Planning City Recorder Engineering Finance Other

INSTRUCTIONS FOR REQUESTING PUBLIC RECORDS *

- 1. Requests must be in writing using the form provided. (Please note the City will not create a new document in response to a records request.)
- 2. Submit request to the City Manager's Office West Linn, 22500 Salamo Road, West Linn Oregon, 97068, or by fax at 503.650.9040, or by email at CWL records@westlinnoregon.com. For Police records you may visit the City website at http://westlinnoregon.gov/police/police-report-request or by contacting the Police Department Directly at 503-655-6214.
- 3. The City shall respond to all requests as soon as practical and without unreasonable delay or will explain why more time is needed for a full response.
- 4. If inspection of documents is preferred over copies, such inspection shall occur during normal business hours. An acceptable inspection time and place will be arranged between the requestor and the staff person. Space is provided for one person to inspect records per request.
- 5. The City will submit a cost estimate to the requestor to provide the requested documents, including copying charges, research time (if required), and separating exempt from non-exempt materials.
- 6. If the estimated cost is \$25.00 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.

COSTS FOR MISCELLANEOUS CITY SERVICES

Photocopying		
First 20 pages		\$ 5.00
Black & White and Color Copies:		\$ 0.25
per page	8.5 x 11	\$ 0.30
	8.5 x 14	\$ 0.35
	11 x 17	
		Staff hourly
Records Research Fee		wage + benefits
CD Duplication (per event/meeting, and or documents)		\$20.00
		\$15.00
		each adtl.
City Budget, City Audit, or City CIP document		\$35.00
		Per
		multiple
		document
Municipal Code Supplements – per printing		Varies
Community Develo	pment Code –per printing	
Research Cost: Sta	ff hourly wage, plus benefits	