

Public Records Request



City of West Linn
22500 Salamo Rd.
West Linn, OR 97068
503.657.0331

Submit request to: City Manager's Office, Fax: 503.650.9041 or E-mail: CWL_Records@westlinnoregon.gov

Name: _____	Phone: _____
Address: _____	E-mail: _____
City/State/Zip _____	

Preferred method of contact: Mail Phone E-mail

Please describe the materials requested, to the extent known and with as much detail as possible:

Please check how you would like to receive the requested documents:

Review at City Offices Pick Up Email US Mail

REQUESTOR TO READ AND SIGN UPON SUBMITTING 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.

Signature of Requestor

Date

Copies: \$15.00 (first 10 pgs.) (10+ see next page for cost) # Copies made: _____ \$ _____

Research fee and other media or materials

(See next page and fee schedule for costs)

Length of time: _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL DUE

\$ _____

Date Record (s) Picked Up: _____

Customer Signature: _____

Provided Electronically Date: _____

Staff Name: _____

FOR INTERNAL USE ONLY

Department: Building City Recorder Engineering Finance Library Municipal Court Planning Public Works

Attorney _____

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, 22500 Salamo Rd., West Linn, Oregon, 97068, or by fax at 503.650.9041, or by e-mail at CWL_Records@westlinnoregon.gov. For Police Records requests you may visit the city website <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		
Black & White and Color Copies:		
1-10 pages		\$15.00
10+ pages (per page)	8.5 x 11	\$ 0.25
	8.5 x 14	\$ 0.30
	11 x 17	\$ 0.35
CD Duplication (per event/meeting, and or documents)		\$35.00
		\$15.00
		each adtl.
City Budget, City Audit, or City CIP document		\$35.00
		Per
		multiple
		document
Municipal Code Supplements – per printing		Varies
Community Development Code –per printing		
Research Cost: Staff hourly wage, plus benefits		