City of Madras
Public Records Request Form

This Public Records Request Form must be completed and submitted to City of Madras (“City”) to inspect or obtain copies of City’s public records (as defined under ORS 192.311 - 192.431). Persons interested in making a public records request are advised to review City’s public records request policy (Resolution No. 33-2018). You may contact City’s city recorder if you have any questions or concerns regarding this form or the public records request process.

A. Requester Information

Name of Requesting Individual: ____________________________________________________________

Mailing Address: ________________________________________________________________

City: ___________________________ State: ___________ Zip: ______________

Telephone No.: _____ Facsimile No.: _____ Email: __________________________

B. Record(s) Requested

Describe the public record(s) you are requesting. Please provide a sufficiently detailed description of the public record(s) requested, including the dates, subject matter, and such other information concerning the requested public record(s) as may be necessary to enable City personnel to search for and locate the public record(s).

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

C. Purpose of Records Request

Because the identity and motive of the person seeking disclosure of a particular public record may be relevant in determining whether a record is exempt from mandatory disclosure under a conditional exemption, please provide a brief statement as to the purpose of your public records request.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

D. Receiving Record(s)

Please specify the delivery/inspection date desired and preferred method of receiving the requested public record(s), if applicable. City does not guaranty that the requested public record(s) will be delivered or made available by your desired delivery/inspection date.

☐ I would like to view/inspect the record(s) on ________________________________.

☐ I would like to receive copies of the requested public record(s) not later than ____________ by:
Mail  Facsimile  Will pick-up  Email

I have received and reviewed City’s fee schedule. ____ (initial)

I understand that I will not receive the requested public record(s) unless and until I have paid the fees estimated by City for providing the requested public record(s). If the estimated fees exceed City’s actual cost, the overpayment will be refunded to me. I will pay additional fees to the extent the estimated fees are less than the actual expenses incurred by City. ____ (initial)

Signature: ___________________________________________ Date: __________________

For City Use Only

Date Request Received: _____________________________ Time: ______________

Estimated Fees: ____________________________________________

☐ Request Approved – requester notified on: ______________ by: __________________________
   ☐ Telephone ☐ Mail ☐ Fax ☐ Email ☐ In-Person

☐ Request Forwarded to City Attorney For Review – forwarded on: ______________ by: __________________________
   ☐ Telephone ☐ Mail ☐ Fax ☐ Email ☐ In-Person

☐ Request Denied – requester notified on: ______________ by: __________________________
   ☐ Telephone ☐ Mail ☐ Fax ☐ Email ☐ In-Person

   Reason for Denial:
   ☐ Office does not maintain record(s)  ☐ Other: __________________________________________

Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Request filled by: _____________________________ Date: ______________ Fees: ______________