

Clatskanie Library District
PO Box 577
Clatskanie, OR 97016

503.728.3732
admin@clatskanielibrary.org

PUBLIC RECORDS REQUEST FORM

(Date)

This is a request under the Oregon Public Records Law.

I request that a copy of the following documents (or documents containing the following information) be provided to me (identify the documents or information as specifically as possible. Please include dates):

Insert description of documents that are being requested

I have read and understand the fees associated with a Public Records Request

The maximum dollar amount I am willing to pay for this request is \$(insert maximum dollar amount). Please notify me if the fees will exceed \$25.00 or the maximum dollar amount I entered.

I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest.

Specific explanation for waiver of fees (required if a waiver is requested):

Insert specific explanation for waiver of fees

How shall we contact you?

Insert additional comments, if necessary

Clatskanie Library District will acknowledge this request within 5 business days and fill this request within 15 business days. We will inform you of the status of the request within that time period if the data collection will exceed that time frame. We may contact you if further information is needed. You may return this form via email, mail, or in person to the Clatskanie Library District at the addresses above.

Your information:

Title First Name, Middle Initial, Last Name

Telephone Number

Email Address