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PUBLIC RECORDS REQUEST

Date _____

This form is used to process public record requests in accordance with ORS 192.430 and 192.440.

Contact Name _____

Affiliation (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Description of record/document including date or time period, if known. (attach list if more room is needed)

Please provide as much description information as possible to assist the district in locating the requested documents. Thank you.

FEES

There is a minimum \$5.00 service charge in addition to the following document reproduction charges:

Per Page (8 1/2 X 11)	\$0.15
Per Page (11 X 17)	\$0.25
3 1/2" Computer Discs	\$25.00

If research and copying time requires more than one quarter hour (15 minutes) staff time, time will be billed at the rate of \$25.00 per hour or fraction thereof.

The total cost for retrieving and copying documents must be paid before the documents will be issued.

By signing I acknowledge having made this request and agree to abide by the fee schedule as noted.

Signature _____

(For district staff to complete)

Information request received _____; delivered _____; by whom _____
(date) (date) (MCDD Staff person)

Total Cost \$ _____