City of Toledo
City Recorder
PO Box 220
(541) 336-2247 x 2060

PUBLIC RECORDS REQUEST FORM

Oregon Public Records Law grants each person the right to inspect the records of a public body (unless exempt from disclosure). Please fill out this form completely and identify specifically the type of records you are requesting.

_____ _____
First & Last Name (please print) **Signature**

_____
Name of Organization (if applicable)

_____
Address

_____ _____ _____
City **State** **Zip Code**

_____ _____
Daytime Telephone Number **Date of Request**

Have you contacted any other City of Toledo employee about this request? If yes, name of employee contacted:
_____

Requested Information/Records: Please give a brief statement describing the requested information/records, being specific enough for the City to determine the nature, content and department within which the record(s) you are requesting may be located. If files are to be previewed before copies are requested, please identify documents you wish to have copied from the files on the attached Addendum, and sign. Also affix a paper clip or "sticky" note identifying the documents requested.

_____
_____
_____
_____
_____
_____ (please use back of this document if additional room needed)

Purpose of Request: Some records requests may require a balancing of privacy rights, governmental interests and other confidentiality policies on one hand and the public interest in disclosure on the other. Thus, because the identity and motive of the person seeking the disclosure of a particular public record may be relevant in determining whether a record is exempt from disclosure under a conditional exemption, please give a brief statement as to the purpose of your request:

_____
_____
_____

This form may be submitted:

- By mail or in person to the Toledo City Recorder, 206 N Main Street or PO Box 220, Toledo, OR 97391
- Faxed to the City Recorder at 541-336-3512

FOR OFFICE USE ONLY

Required Deposit: $_____ Actual Charges: $_____ Info Compiled by: _____

Date Completed: _____ Date Notified: _____ Date Picked Up: _____