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.

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: ________________