

City of Toledo City Recorder PO Box 220 (541) 336-2247 x2110 (541) 336-3512 FAX

## **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 Red	quest
Have you contacted any other City of	Toledo employee abou	t this request? If yes, name of employee contacted:
being specific enough for the City to record(s) you are requesting may be	determine the nature clocated. If files are t e copied from the files	ement describing the requested information/records, e, content and department within which the o be previewed before copies are requested, please on the attached Addendum, and sign. Also affix a uested.
Purpose of Request: Some records	_	the use back of this document if additional room needed)  a balancing of privacy rights, governmental
interests and other confidentiality p Thus, because the identity and motiv	olicies on one hand an ve of the person seeki a record is exempt fr	nd the public interest in disclosure on the other.  ng the disclosure of a particular public record may  om disclosure under a conditional exemption, please
This form may be submitted:  By mail or in person to the Toledo  Faxed to the City Recorder at 541	•	Main Street or PO Box 220, Toledo, OR 97391
Required Deposit: \$ Actual Cha		of Compiled by:
		Date Picked Up: