

**Town of Lakeview**  
Public Records Request Form

This Public Records Request Form must be completed and submitted to Town of Lakeview ("Town") to inspect or obtain copies of Town's public records (as defined under ORS 192.311 - 192.431). Persons interested in making a public records request are advised to review Town's public records request policy (Resolution No. 2021-118). You may contact Town's recorder if you have any questions or concerns regarding this form or the public records request process.

A. Requester Information

Name of Requesting Individual: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_ Email: \_\_\_\_\_

B. Record(s) Requested

Describe the public record(s) you are requesting. Please provide a sufficiently detailed description of the public record(s) requested, including the dates, subject matter, and such other information concerning the requested public record(s) as may be necessary to enable Town personnel to search for and locate the public record(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Purpose of Records Request

Because the identity and motive of the person seeking disclosure of a particular public record may be relevant in determining whether a record is exempt from mandatory disclosure under a conditional exemption, please provide a brief statement as to the purpose of your public records request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Receiving Record(s)

Please specify the delivery/inspection date desired and preferred method of receiving the requested public record(s), if applicable. Town does not guaranty that the requested public record(s) will be delivered or made available by your desired delivery/inspection date. There is a \$5.00 fee per request and there may be additional fees.

I would like to view/inspect the record(s) on \_\_\_\_\_.

I would like to receive copies of the requested public record(s) no later than \_\_\_\_\_ by:

