

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.

- 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:

Mail Facsimile Will pick-up Email

I have received and reviewed Town's fee schedule. ____ (initial)

I understand that I will not receive the requested public record(s) unless and until I have paid the fees estimated by Town for providing the requested public record(s). If the estimated fees exceed Town's actual cost, the overpayment will be refunded to me. I will pay additional fees to the extent the estimated fees are less than the actual expenses incurred by Town. ____ (initial)

Signature: _____ Date: _____

For Town Use Only

Date Request Received: _____ Time: _____

Estimated Fees: _____

Request Approved – requester notified on: _____ by: _____

Telephone Mail Fax Email In-Person

Request Forwarded to Town's Attorney For Review – forwarded on: _____ by: _____

Request Denied – requester notified on: _____ by: _____

Telephone Mail Fax Email In-Person

Reason for Denial:

Town does not maintain record(s) Other: _____

Notes: _____

Request filled by: _____ Date: _____ Fees: _____