

Central Oregon Intergovernmental Council
Public Records Request Form

This Public Records Request Form must be completed and submitted to Central Oregon Intergovernmental Council ("COIC") in order to inspect or obtain copies of COIC's public records (as defined under ORS 192.311 - 192.431). Persons interested in making a public records request are advised to review COIC's Public Records Request Policy. You may contact COIC 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 COIC 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. COIC 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) not later than _____ by:

Mail

Facsimile

Will pick-up

Email

I have received and reviewed COIC's fee schedule attached to this form. ____ (initial)

I understand that I will not receive the requested public record(s) unless and until I have paid the fees estimated by COIC for providing the requested public record(s). If the estimated fees exceed COIC'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 COIC. ____ (initial)

Signature: _____ Date: _____

For COIC Use Only

Date Request Received: _____ Time: _____

Estimated Fees: _____

Request Approved – requester notified on: _____ by: _____

- Telephone
- Mail
- Fax
- Email
- In-Person

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

Request Denied – requester notified on: _____ by: _____

- Telephone
- Mail
- Fax
- Email
- In-Person

Reason for Denial:

Office does not maintain record(s) Other: _____

Notes: _____

Request filled by: _____ Date: _____ Fees: _____