# **Public Records Request** Form

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us

_____ _____ _____
Name Phone Number Date

_____
Mailing Address

**Records/Documents information:** Describe the records/information you are requesting. Please be as specific as possible.

_____

_____

_____

_____

Receive Information By: ___ Mail ___ Email ___ Pick-up Email Address: _____

A fee of $40.00 per hour, broken into 15 minute increments, will apply to all public records requests to cover staff time for locating, researching, scanning and sending the document(s). In addition, the fee may include the actual cost to the City for contracted services to gather the records and for legal review of the records as necessary. CDs will be produced at a cost of $10.00 per recording. Letter and legal sized copies will be produced at a cost of $.25 per copy. Color copies will be produced at a cost of $.50 per copy. Maps, oversized or non-standard copies will be charged at the actual cost for reproduction. Estimated charges in excess of $10 must be prepaid prior to research beginning. If costs exceed the estimate, staff will contact the applicant for authorization to continue research. The additional cost must be paid prior to release of the documents. The City will refund any unused portion of any prepayment. Staff may waive inspection or research fees for not more than five requests that require ½ hour or less of staff time from the same requester in a calendar year.

**Your signature below acknowledges that you have read, understand and accept financial responsibility for the fees associated with this public records request.**

Name: _____ Date: _____

[ ] The City is not in possession of the requested record.
[ ] Copies of the requested records are enclosed/attached.
[ ] The City is in possession of at least some of the requested records.
It will take approximately _____ to provide the records. The estimated cost is $_____.
[ ] It is uncertain if the City is in possession of the records.
It will take approximately _____ to search for the records. The estimated cost is $_____.
[ ] The public records requested are exempted from public disclosure under state and federal law.
[ ] Your request has been referred to the City Attorney.
[ ] Additional Costs

Info Compiled By: _____ Date Completed: _____

Amount Due: $_____ Date Notified: _____

Date Mailed/Emailed/Picked Up: _____ Payment Received: _____

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**PUBLIC RECORDS REQUEST PROCEDURE**

**Procedure for Obtaining Copies of Public Records/Information**

1. Request a Public Records Request Form by phone, fax, writing, email or in person at Sisters City Hall.
2. Fill out the request form completely, providing as much detail as possible for the document(s) you are requesting. An email may also be considered a formal records request if it contains all pertinent information necessary.
3. Submit the request to the City Recorder at PO Box 39, Sisters, OR 97759 or at kprosser@ci.sisters.or.us
4. If the request will require more than minimal time for City Hall staff to locate or make copies the City Recorder will inform you of the estimated fee before the research is initiated.
5. If the estimated time to locate, research, scan, copy and/or send the document(s) will exceed 1/2 hour of staff time, prepayment will be required prior to initiating the work. Actual costs exceed the estimate, staff will contact the applicant for authorization to continue research. Any additional charges must be paid prior to release of the records/information. The City will refund any unused portion of any prepayment.
6. For additional information or questions, please contact Kerry Prosser, City Recorder at 541-323-5213 or kprosser@ci.sisters.or.us