



# CITY OF TROUTDALE

Office of the City Recorder, Debbie Stickney  
104 SE Kibling Avenue, Troutdale, OR 97060  
Ph. 503-674-7237 • Fax 503-665-7265 • Email: dstickney@ci.troutdale.or.us

## PUBLIC RECORDS REQUEST

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Requested Record(s):** Please give a brief statement describing the record(s) you are requesting. Be specific enough for the City to determine the nature, content and probable department within which the record(s) you are requesting might be located. (Attached an additional sheet if needed)

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

### REQUESTOR – PLEASE READ AND SIGN UPON SUBMITTING REQUEST

I understand that every person has a right to inspect any public record of a public body in this state, except as otherwise expressly provided by ORS 192.501 to 192.505. Further, I understand that fees will be charged to reimburse the City for its actual cost in making the records available. Such calculation may include staff time spent in locating the requested record(s), reviewing the record(s), supervising the inspection of the original document(s) and administrative overhead. I hereby request that the City of Troutdale produce the records specified above. Payment must be received by the City prior to receiving the requested record(s). If the estimated cost exceeds \$25.00, payment of the estimated cost will be required prior to the City proceeding with processing your request.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date of Request

### **Fee Charges:**

Copying:     \$.25 per 8½ x 11 or 8½ x 14 page  
                  \$.50 per 11 x 17 page

**Other Media:** Other media (i.e. compact discs, cassette tapes, etc.) will be charged at cost to the requesting party.

**Staff Time:** Staff time will be billed at the hourly rate plus the wage benefit factor of the staff person providing the service.

**Overhead:** Overhead will be billed at 50% of total wage and benefit rate.

**INTERNAL USE ONLY – INFORMATION TO BE COMPLETED BY CITY STAFF**

Date Received by the City Recorder's Office: \_\_\_\_\_

Information requested is located in \_\_\_\_\_ department. A copy of this request was provided to \_\_\_\_\_ on \_\_\_\_\_.

Estimated Cost for Staff Time: _____	Actual Cost for Staff Time: _____
Estimated Cost for Copying: _____	Actual Cost for Copying: _____
<b>Total Estimate:</b> _____	<b>Total Actual Cost:</b> _____

Written notice was provided on \_\_\_\_\_ in compliance with SOP #1052.

Notes:

***Return this form, a copy of all correspondence between the City and the requestor, along with either a copy of the record(s) provided or a detailed list of the record(s) provided and their location, to the City Recorder.***