

CITY OF ROSEBURG, OREGON

900 SE DOUGLAS AVE • ROSEBURG, OR 97470 • PH: 541-492-6866 • EMAIL: info@cityofroseburg.org



PUBLIC INFORMATION/RECORDS REQUEST

"Public information" is defined in ORS 192.410 - 192.500 and in the Oregon Attorney General's Public Meetings and Records Manual. The sources referenced also list several limited circumstances under which a public body may decline to release certain information. 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 the following information:

| REQUESTOR'S IDENTITY | | |
|----------------------|---------------|------|
| Contact Name: | Phone Number: | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Email Address: | | |

| REQUESTED INFORMATION/RECORD |
|---|
| Please give a brief statement describing the requested information/record(s), being specific enough for the City to determine the nature, content and probable department within which the record(s) you are requesting might be located: |

| PURPOSE OF REQUEST |
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| Please give a brief statement as to the purpose of your request: |

All requests for inspection or copies of City records shall be submitted to the City Recorder for response. The City Recorder's response will be pursuant to the City of Roseburg's policy for requests, inspection and copying of City Records. A copy of such policy is attached for your review. In most cases, there will be a fee charged for providing this service. Payment of the fee for meeting your request must be received prior to requested materials being released. The City Recorder will advise you of the fee required for your request. This form may be submitted by mail, in person or via email to the City Recorder.

| SIGNATURE | |
|------------------------|-------|
| Applicant's Signature: | Date: |

| STAFF REVIEW/PROCESSING |
|--|
| Date Processed: _____ Number of Copies: _____ Staff Time: _____ Hours @ _____ = \$ _____ |
| Other Charge(s): _____ Total Paid: _____ Receipt Number: _____ |
| Staff Printed Name: _____ Department: _____ |