



CITY OF TROUTDALE

Office of the City Recorder, Sarah Skroch
219 E. Historic Columbia River Hwy., Troutdale, OR 97060
Ph. 503-674-7258 • Email: sarah.skroch@troutdaleoregon.gov

PUBLIC RECORDS REQUEST

Name: _____ E-mail: _____

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: Requests that require less than 30 minutes of staff time to fulfill will not be charged for staff time. Requests over 30 minutes will be billed as follows: Administrative Rate (pay ranges 5-16) - \$35/hr.; Technical Staff/Manager Rate (pay ranges 17-CM) - \$70/hr.; Attorney Rate – Actual Cost of Attorney’s Fees.

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: _____
Total Estimate: _____ **Total Actual Cost:** _____

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.